Five Hills Health Region

2008-2009 Annual Report to the Minister of Health

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The Five Hills Health Region annual report is located on the internet at:

www.fhhr.ca

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Letter of Transmittal

July 16, 2009

The Honourable Don McMorris
Minister of Health
Legislative Building
Regina, SK S4S 0B3

Dear Mr. McMorris:

On behalf of the Five Hills Regional Health Authority (FHHR) and its board, I am pleased to submit the 2008-2009 annual report. This report is submitted in accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act*. The report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

The health region continues to remain focused on the Ministry of Health's vision and is committed to providing quality, accessible health services for the people it serves. During the fiscal year the region had many successes including:

a) balanced budget—region is in the best financial position of all the provincial regional health authorities;
b) established the primary health care team at Craik—this is in keeping with the Ministry's direction of improving access to services through the delivery of primary health care teams;
c) implemented the "Releasing Time to Care" (RTC) project as a concept site on the Medical Unit of Moose Jaw Union Hospital. The learnings from the concept site will assist other units in acute care regional and tertiary hospitals in achieving the provincial goal ("achieving within 3 years the adoption and implementation of RTC in every ward in every regional and tertiary hospital.");
d) reduced surgery wait times, so no patients waited more than 12 months for surgery;
e) achieved the highest (59.8%) coverage ratio for the 2008-2009 provincial influenza immunization program for children 6-23 months of age.
f) Accreditation Canada conducted regional survey indicating 91% compliance with standards.

Our success can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' efforts to ensure that our communities have access to quality health care.

Sincerely,

Original signed by

V. Geddes
Chairperson
Five Hills Regional Health Authority

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Who We Are

MINISTRY OF HEALTH

The Ministry of Health sets out specific directions in the Accountability Document for the prudent and ethical use of public funds. The Ministry of Health identifies the provincial health system's vision statement and goals:

VISION

Building a province of healthy people and healthy communities.

GOALS

Improved access to quality health services
Effective health promotion and disease prevention;
Retain, recruit and train health providers; and
A sustainable, efficient, accountable, quality health system.

FIVE HILLS HEALTH REGION

The Five Hills Regional Health Authority developed a statement of Mission, Vision, Values, Goals and Objectives. While these statements are unique to the Five Hills Health Region, they are consistent with the direction articulated in Saskatchewan Health's Performance Plan.

MISSION

People helping people through quality services, education, teamwork, communication, community engagement and healthy public policy.

VISION

Healthy Choices – Healthy People

VALUES

Respect
Honesty
Accountability
Dedication
Teamwork
Safety
Community focus
Holistic approach
Trust
Integrity
Compassion
Inclusion
Diversity
Quality
Patient/client/resident focused
Evidence-based decision-making

Service Responsibility

The Five Hills Health Region is responsible for:

- acute care (hospital)
- long term care
- home care
- ambulance services
- public health
- mental health and addiction services
- primary health care

The region either directly delivers health services – through its staff – or contracts with other agencies for the provision of services. These contracted agencies are referred to as Health Care Organizations and include all private sector, community based and affiliated (religious based) service agencies that provide ambulance, addiction, mental health and long term care and acute services. Health Care organizations are accountable through and to the Five Hills Health Region.

Regional Services

Regional services administrative support is highly centralized in Moose Jaw. With over 1200 full time equivalent employees, the region has efficiently organized services for finance, information technology, payroll, staff development, occupational health and safety, quality of care and risk management, privacy and communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources and labor relations, recruitment and selection as well as related administrative support.

Specialty Services

- Anaesthesia
- Community Health
- Family medicine including ER
- General surgery
- Gynaecology
- Internal medicine
- Obstetrics
- Orthopaedic surgery
- Ophthalmology
- Pathology
- Paediatrics
- Psychiatry (and Addictions)
- Radiology
- Satellite Dialysis
- Urology

Acute Care

Moose Jaw Union Hospital is a Tier 1 Regional Hospital with 100 inpatient beds. This hospital provides a range of secondary inpatient acute care services including emergency room, intensive care unit, surgery, surgical suite/recovery, day surgery, medicine, mental health, pediatrics, and women's health. These services are supported by professionals in laboratory, diagnostic imaging, CT, ultrasound, respiratory therapy, hyperbaric, physical therapy, occupational therapy, pharmacy, and central sterile supply.

There are **three community hospitals** located in Assiniboia (16 beds), Gravelbourg (9 beds) and Central Butte (5 beds). These hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, which includes designated respite and convalescent care.

MOOSE JAW UNION HOSPITAL STATISTICS

Nursing Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2009	2008	2009	2008	2009	2008	2009	2008
Nursery-Paed	13	28	0.4	0.08	3.56	7.65	2.17	2.55
Intensive Care Unit	1175	1289	3.22	3.52	64.38	70.44	3.42	3.38
Obstetrics /Women's Health Unit	2048	2289	5.61	6.25	40.08	44.67	2.30	2.48
Paediatrics	1988	1895	5.45	5.18	54.47	51.78	2.72	2.42
Inpatient Mental Health	5254	4791	14.39	13.09	102.82	93.5	13.37	15.11
Surgical Units	5151	5171	14.11	14.13	70.56	70.64	4.43	4.59
Medical Units	12816	13226	35.11	36.14	97.53	101.08	9.12	9.67
Total Adult Patient Days	28445	28689	77.93	78.39	78.06	78.58	5.80	5.84
Nursery - Newborn	1249	1287	3.42	3.52	34.22	35.16	2.46	2.47
Total Adult & Newborn	29694	29976	81.35	81.9	74.07	74.63	5.48	5.52

Examining the Statistics

HEALTH REGION ACUTE CARE FACILITIES

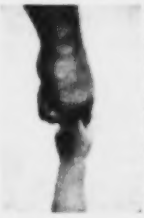
(* contracted agencies)

	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2009	2008	2009	2008	2009	2008	2009	2008
Moose Jaw Union Hospital	28445	28689	77.93	78.4	78.06	78.6	5.8	5.8
Central Butte Regency Hospital	854	1177	2.34	3.2	46.8	64.4	17.4	10.9
Assiniboia Union Hospital	3999	4487	10.96	12.3	68.5	76.6	9.5	10.2
St. Joseph's Hospital *	2296	2137	6.29	5.8	70.0	64.9	4.1	4.0

HEALTH REGION LONG TERM CARE FACILITIES
(* contracted agencies)

	Resident Days		Average Daily Census		Percent Occupancy	
	2009	2008	2009	2008	2009	2008
Central Butte Regency	7486	7649	20.5	20.9	93.18	95.00
Assiniboia Union Hospital	7985	8298	21.88	22.7	99.4	103.06
Craik and District Health Centre	5305	5635	14.5	15.4	96.67	102.64
Ross Payant Nursing Home	13780	13835	37.75	37.8	99.35	99.48
LaFleche Health Centre	5754	5756	15.8	15.7	98.52	97.29
Grasslands Health Centre	6094	5905	16.70	16.1	104.38	94.91
Extendicare *	41869	44794	114.7	122.4	91.76	96.37
Pioneers Housing	25923	26172	71.82	71.5	95.98	96.63
St. Joseph's Hospital *	18034	18095	49.4	49.4	98.81	98.88
Providence Place *	62627	62835	171.6	171.7	98.61	98.67

Public Health Services



Public Health Services (PHS) in Five Hills Health Region focuses on prevention (both primary and secondary), health protection, and population health promotion. Under the leadership of the Medical Officer and Public Health Director, Public Health Services provides a range of services and programs, including: public health nursing, public health inspection, early childhood psychology, public health nutrition, epidemiology, dental health education, population health promotion, speech and language therapy, Kids First Community Developers, Teen Wellness Clinic, the Parent Mentoring Program, and Needle Exchange Program (NEP).

Increasing emphasis is being placed on the voice of the customer in obtaining input as to the health status assessment, and ultimately the delivery of appropriate, effective, safe, responsive, efficient, and equitable public health services. Immigrant and specifically refugee health, as well as high risk clients/families, the pregnant adolescent, and injection drug users are given specific attention, as part of a comprehensive Primary Health Care approach. Services are delivered in a collaborative and consultative milieu with a vision to continuous quality improvement.

Immunization programs are being expanded, with the addition or enhancement of vaccine programs including Human Papillomavirus, second dose measles/mumps/rubella in grade 8 and grade 12; varicella, pneumococcal, and influenza (seasonal and H1N1 Human Swine Flu).

Health promotion efforts are embracing amongst others; physical activity and safety promotion, the promotion of safe cycling lanes, including surveying attitudes to the expansion of these safe cycling lanes. Community development workshops are currently in progress to gauge community perceived attitudes and barriers to, physical activity.

Services include response to outbreaks of any type. PHS forms part of the Health Region's emergency response capability. Pandemic planning has been ongoing in the areas of surveillance, mass immunization and infection control as it relates to a major communicable disease outbreak.

Primary Health Care Services

The shift to a primary health care delivery system based on service provision by integrated, interprofessional teams continues to make progress. The region's first primary health care team established in Central Butte continues to develop its services and community work through intersectoral partnerships and community members. A new satellite PHC team was commenced with the addition of a nurse practitioner to the physician practice in Craik. A second central team has been established in Assiniboia as a pilot project with South Country Medical Clinic. This central team provides visiting services to Rockglen, Willow Bunch and Mossbank. A second nurse practitioner will provide visiting services to Kincaid area.

Work to improve the health of the community continues through a well defined community development approach being used by the primary health care teams in partnership with community members. Several communities are working on interventions to reduce injuries from falls in the elderly. Another community is working on healthy lifestyle choices in their area.

Primary health care is leading the development of a regional Healthy Living Project (chronic disease management) utilizing Pursuing Excellence methodology for people living with diabetes and depression. A third Action Team is focusing on healthy lifestyles in the prevention of chronic conditions. Primary Health Care provides support to three sites as part of the Health Quality Council Chronic Disease Management Collaborative.

Continuing Care

Continuing Care services are generally provided to a population of frail elderly persons over the age of 75 years. Using a single point of entry for the entire service, the Access Center is an innovative service. Persons in the region wanting assistance to determine an appropriate range of services can call one phone number to obtain access to a range of services.

The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry. Institutional care is available to over 500 long term care residents, plus 14 geriatric assessment and rehabilitation, 14 transition as well as designated respite and convalescent beds. The majority of institutional long term care support is provided by affiliate organizations, Providence Place, Moose Jaw, St. Joseph Hospital/Foyer D'Youville, Gravelbourg, and Extendicare/ Moose Jaw. The region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, and Moose Jaw .

Community based clients are further supported with day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

Mental Health and Addictions Services

FHHR has a well developed regional mental health and addictions service. The mental health unit provides support for clients who require acute inpatient mental health services while social detoxification services are provided by the Angus Campbell Centre which has a contract with the region for these services.

This service has a centralized intake process. Associated with these services are innovative programs such as Kids First, an integrated school team, Family Outreach Program and many other intersectoral initiatives. New money in Addictions Services has allowed the region to create initiatives such as a Youth Stabilization Residence, Enhanced Day Programming for Youth with Mental Health/Addictions barriers to employment and Transition Beds for clients waiting for addictions treatment. Pursuing Excellence initiatives utilizing Lean productivity improvement tools has provided Mental Health & Addictions Services the opportunity to improve access to services and decrease wait times

Five Hills Access Centre

Continuing care services are accessed through a single point of entry. All referrals for continuing care services in the region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence go through the Access Centre.

Contracted Health Care Organizations

The Five Hills Regional Health Authority has contracts with the following health care organizations and private providers to deliver health services:

Angus Campbell Centre

- Operates a 20 bed residential (social) detox centre for drugs and alcohol.

Thunder Creek Rehabilitation Association

- Provides residential services and programs for adults with severe and persistent mental illness.

Canadian Mental Health Association

- Provides community education and awareness of mental illness.

Moose Jaw and District EMS

- Provides ground ambulance services for Moose Jaw and area and 911 dispatch services for the entire region.

Hutch Ambulance Ambulance Service

- Provides ground ambulance services for Assiniboia and area.

Providence Place

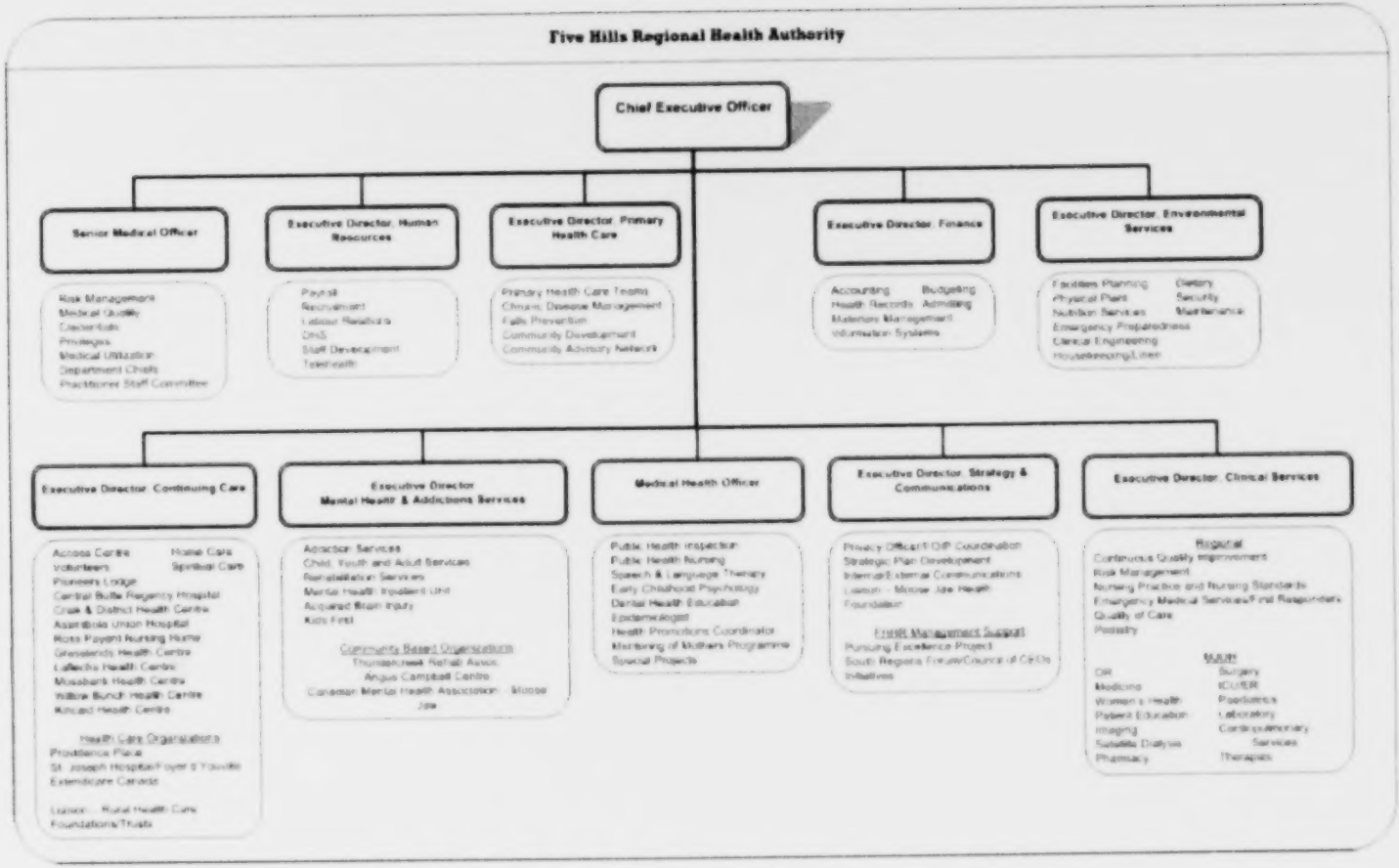
- Operates a160 bed long term care facility, 14 bed Geriatric Assessment and Rehabilitation Unit, and adult day program located in Moose Jaw.

St. Joseph's Hospital/ Foyer d'Youville

- Operates a 50 bed long term care and 9 bed acute care facility in Gravelbourg.
- Provides ground ambulance services for Gravelbourg and area.

Extendicare

- Operates a 127 bed long term care facility in Moose Jaw.


Five Hills Regional Health Authority
Chief Executive Officer
Senior Medical Officer
Risk Management
Medical Quality
CredentialsPrivileges
Medical Utilization
Department Chiefs
Practitioner Staff Committee
Executive Director, Human Resources
Payroll
Recruitment
Labour Relations
OHS
Staff Development
Telehealth
Executive Director, Primary Health Care
Primary Health Care Teams
Chronic Disease Management
Falls Prevention
Community Development
Community Advisory Network
Executive Director, Finance
Accounting
Budgeting
Health Records
Admitting
Materials Management
Information Systems
Executive Director, Environmental Services
Facilities Planning
Dietary
Physical Plant
Security
Nutrition Services
Maintenance
Emergency Preparedness
Clinical Engineering
Housekeeping/Linen
Executive Director, Continuing Care
Access Centre
Home Care
Volunteers
Spiritual Care
Pioneers Lodge
Cardinal Butte Regency Hospital
Crisis & District Health Centre
Assiniboia Union Hospital
Ross Pavent Nursing Home
Gravelbourg Health Centre
Lafleche Health Centre
Mossbank Health Centre
Willow Bunch Health Centre
Kincaid Health Centre
Health Care Organizations
Providence Place
St. Joseph Hospital/Foyer d'Youville
Extendicare Canada
Union - Rural Health Care Foundations/Trusts
Executive Director Mental Health & Addictions Services
Addiction Services
Child, Youth and Adult Services
Rehabilitation Services
Mental Health Inpatient Unit
Acquired Brain Injury
Kids First
Community Based Organizations
Thunderchild Rehab Assoc.
Angus Campbell Centre
Canadian Mental Health Association - Moose Jaw
Medical Health Officer
Public Health Inspection
Public Health Nursing
Speech & Language Therapy
Early Childhood Psychology
Dental Health Education
Epidemiologist
Health Promotions Coordinator
Mentoring of Mothers Programme
Special Projects
Executive Director, Strategy & Communications
Privacy Officer/FOIP Coordinator
Strategic Plan Development
Internal/External Communications
Liaison - Moose Jaw Health Foundation
Change Management Support
Pursuing Excellence Project
South Regions Forum/Council of CEOs Initiatives
Executive Director, Clinical Services
Regional
Continuous Quality Improvement
Risk Management
Nursing Practice and Nursing Standards
Emergency Medical Services/First Responders
Quality of Care
Podiatry
MJUH
OR
Surgery
Medicine
ICU/ER
Women's Health
Paediatrics
Patient Education
Laboratory
Imaging
Cardiorespiratory
Satellite Dialysis
Services
Pharmacy
Therapies

Risk Management

The Five Hills Regional Health Authority adopted an ***enterprise risk management approach*** in late 2004/05. The Quality Improvement Unit of the Five Hills Health Region has been designated as the risk management committee for the organization. Top risks will be identified in the revised Plan for the FHRHA. Examples of some risks and associated responses have been summarized in the table that follows:

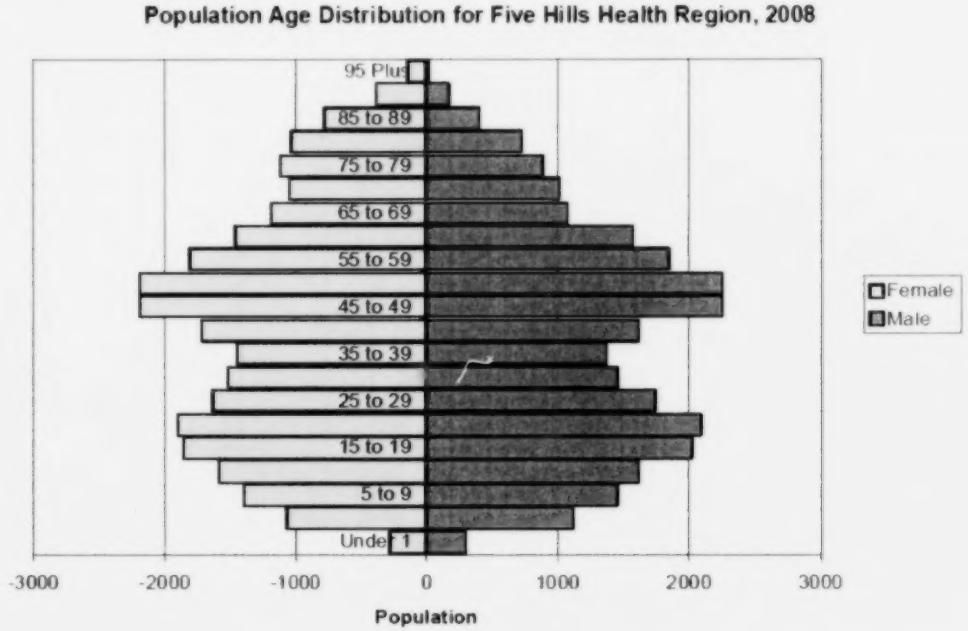
RISK DOMAINS:					
Operational	**Financial**	**Human Capital**	**Customer & Community Relations**	**Legal and Regulatory**	**Technology**
RISK MANAGEMENT (list not exhaustive, but indicative):					
Occurrence Reports Review of serious events Emergency Measures drills Infection Control Claims Management Chart reviews Program Reviews Management of workers' compensation claims Presentations (fiduciary responsibilities) Restraint policy and compliance Compliance with issue alerts Ensuring effective credentialing Monitoring and implementing compliance with standards on patient/ client/ resident safety	Policy Limits e.g. Purchasing, investments Financial audit Financial monitoring and reporting Contract reviews with third parties Review and reporting of dashboard indicators Maintaining capital reserves Having indemnity clauses in contracts	OH&S actions Employee Incident Reports Environmental safety Transfers, Lifts, Repositioning Training Strike contingency Harassment policy, process Conflict of Interest policy Human resource monitoring and reporting Credentialing Orientation programs for staff, volunteers, physicians, students Staff training Recruitment & retention	Complaints monitoring and investigation Single point of entry practice Advanced care directive policy and implementation Compliance with informed consent Review of research proposals Issues management Communication strategy for community interest items	Legislative compliance Ensuring certification and Licensing compliance Accreditation improvement plan Reporting OH&S requirements and reporting investigating results Reviewing and Reporting of Critical Incidents HIPA policies and compliance oversight Morbidity & mortality reviews	Compliance with product/ equipment alerts IT security monitoring IT data security policies and reviews Preventative Maintenance Planning for equipment replacement Capital planning Facility planning

Our Region

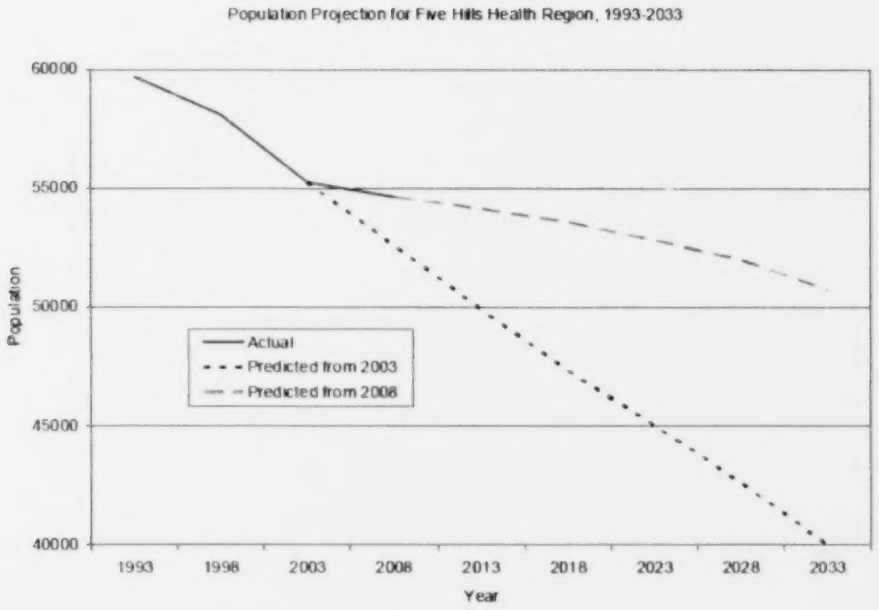
The Five Hills Health Region has prepared a comprehensive health status report for the population served. The report summarizes information from a number of internal and external sources and includes needs assessment data. This requires an intersectoral approach to needs identification and strategic response. Age cohorts were used in focussing needs assessment work (prenatal to age 4, child & youth 5-19, adults 20-64, seniors 65+). The following is a summary of some of the data that has been compiled. Source documents provide a more comprehensive overview.

FHHR indicators were derived from the Canadian Institute of Health Information's Structural Framework of Health Indicators from four broad categories of Health Status, Non-Medical determinants of Health, Health System Performance and Community and Health System Characteristics. The source of the data for these indicators is provided by Saskatchewan Ministry of Health, Regional Hospitals, Canadian Community Health Survey, Breastfeeding Survey, various needs assessments, Health Quality Council (previously HSURC), Health Canada and Stats Canada.

Five Hills Health Region Demographics



The City of Moose Jaw accounts for the largest portion (63.5%) of the Region population. The population of the FHHR as of 2008 was 54,674. About 22% of the FHHR residents live in towns and villages, and 14% live in RM's.

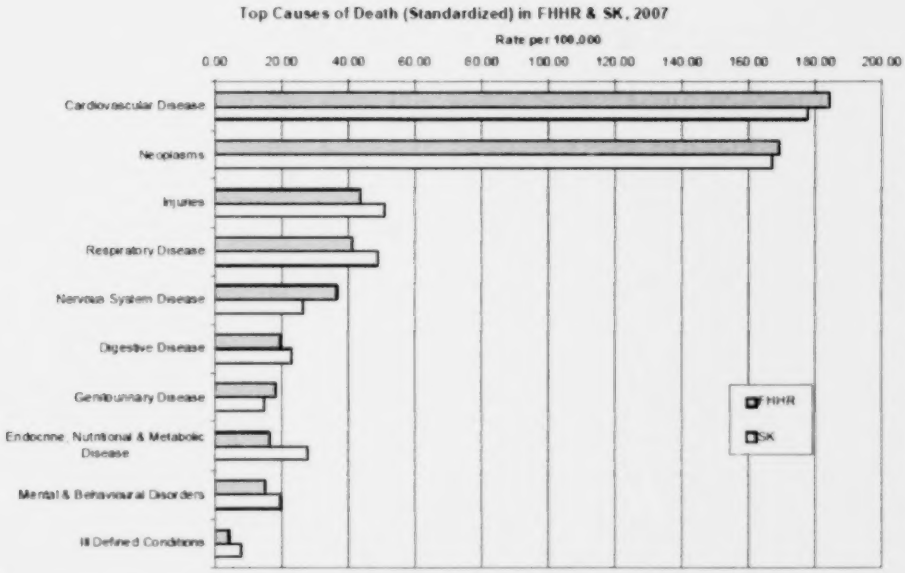


Source: HSURC population projection spreadsheet template

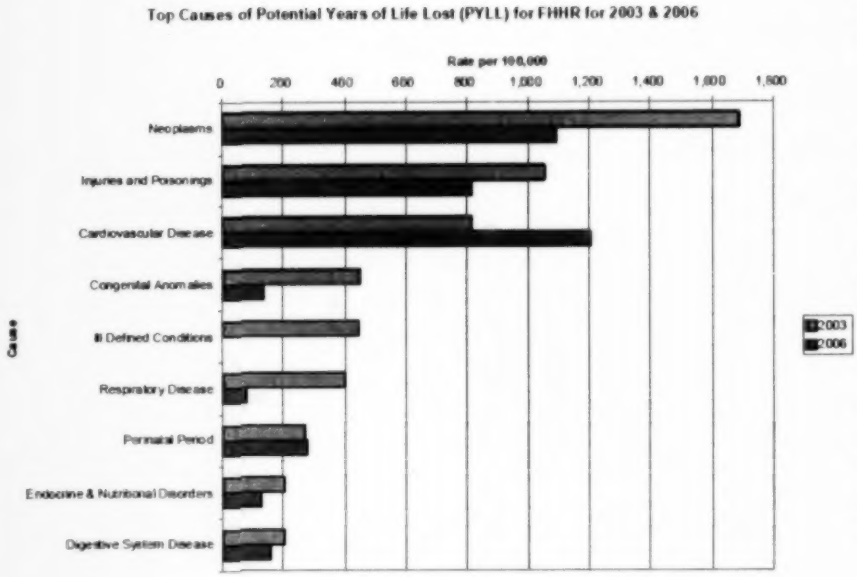
The projected population for the Five Hills Health Region had shown to be steadily decreasing over the next thirty years (1993-2033) in 2003. But in **2008**, the projection is showing less of a decrease.

Health Status

Mortality

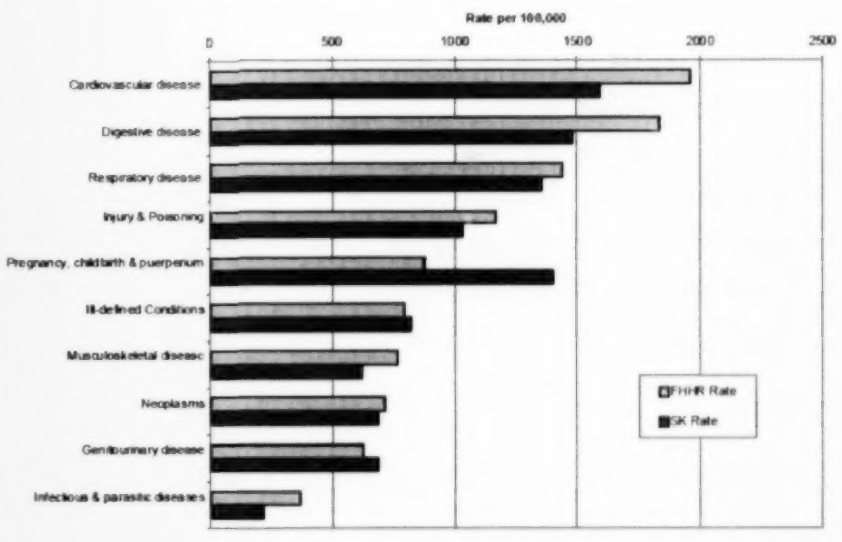


Cardiovascular disease, neoplasms and respiratory diseases were the top causes of death in FHHR for both 2003 and 2006. But in **2007**, Injuries has surpassed Respiratory Disease for both FHHR and Saskatchewan (SK).



PYLL measures premature deaths.

Although death rates from various diseases are important, the measure of premature and preventable death is of more interest since programs and activities may reduce these premature deaths along with associated morbidity (i.e. being diseased).



Morbidity

In **2007**, the ranking of disease morbidities: is cardiovascular disease, digestive disease, respiratory, injuries then pregnancy, childbirth and elated (these are based on crude rates). This will change once the rates have been standardized (calculations pending).

Co-morbidities and health behaviours, such as diabetes (an endocrine disease), smoking, sedentary lifestyles, obesity, hypertension, and hypercholesterolemia, have a significant impact on cardiovascular disease.

Diabetes: Hospitalizations due to diabetes are distributed through the lifespan from youth to old age. Complications of diabetes such as cardiovascular disease are listed as separate hospitalization diagnoses. In Saskatchewan, the overall prevalence rate of diabetes was 3.7 % (1996). In 2001, the Saskatchewan prevalence had risen to 4.1% and in 2004 the prevalence had risen again, to 6.1% but decreased to 5.8% in **2005**. The likelihood of having diabetes increases with age.

Age Specific Diabetes Prevalence (%) for Saskatchewan, 2004

20-29	30-39	40-49	50-59	60-69	70+
0.5	1.8	3.4	7.5	12.9	15.4

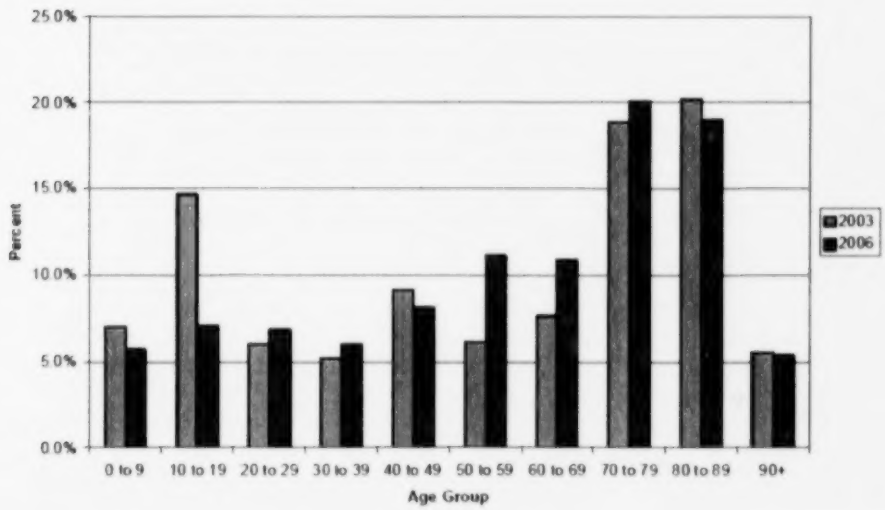
FHHR Regional age-sex adjusted prevalence rates per 1000: **2002/03** - 47.9, **2003/04** - 50.9 and **2004/05** - 53.8.

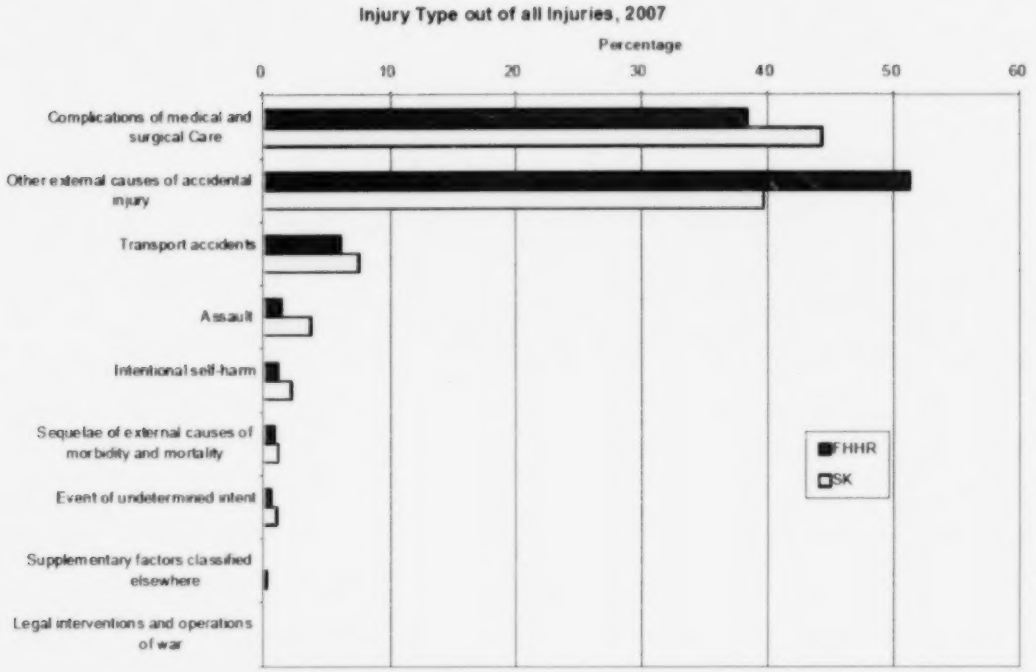
Approximately 90% of diabetic people have Type II Diabetes which is associated with age, obesity, and physical inactivity (Diabetes 2000).

Asthma: Asthma hospitalizations are most common in children and young adults. Hospitalizations due to asthma in FHHR, **2006** were highest in the age groupings under 1 to 4 (36%) and 5 to 9 (17%) and 10 to 14 (16%) {2003 - 1 (14%), 1 to 4 (42%) and 5 to 9 (16%)}. In this same period, all age group asthma hospitalizations accounted for 1.0% (2003 - 1.2%) of hospitalizations in the region. Saskatchewan Health estimates exposure to environmental tobacco smoke raises a child's risk of asthma by 43% and of bronchitis by 46% (2001).

Injury: In, **2006**, the highest number of hospitalizations is for FHHR seniors aged 70 to 79 (20.1%) and 80 to 89 (19.0%) {2003 - ages 70 to 79 (18.9%) and 80 to 89 (20.2%)}. Five Hills Health Region residents may be hospitalized in other regions as well. According to the Hospitalizations for Child Injuries in FHHR, for children under 20 years of age, for the period 2003, the following types of accidents accounted for hospitalizations: falls (31.6%; 2003 - 28.5%), motor vehicle or traffic (16.5% ;2003 - 17.9%), and surgical/medical complications (12.0%; 2003 - 10.1%).

Injury Hospitalizations by Age Group out of All Injury Hospitalizations for FHHR, 2003 & 2006





Many of the injuries sustained are from complications of medical/surgical care and other external causes (like falls, drowning, poisons, etc.).

Life Expectancy: In **2001**, life expectancy for both sexes at birth was almost 79 years (75.7 males; 81.6 females) and almost 19 (further) years (16.2 males; 20.6 females) at age 65 for FHHR. This was similar to the provincial figures.

Disability-Free Life Expectancy: Life expectancy is the number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period. Disability-free life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation.

Disability-Free Life Expectancy at Birth: Canadians born in 1996 were expected to live free of any disability for 68.6 years of their life. For the same year, Saskatchewan was at 68.3 years (66.6 males; 70.0 females), and FHHR was at 68.2 years (66.5 males; 69.8 females). Most major urban centres have high disability-free life expectancy at birth as compared to below-average disability-free life expectancy at birth in most of the far north and rural Atlantic Canada.

Disability-Free Life Expectancy at Age 65: In 1996, Canadians aged 65 years were expected to have another 11.7 disability-free years left to live. For the same year, Saskatchewan was at 12 years (11.2 males; 12.7 females) and FHHR was 12 years (11.2 males; 12.7 females). Most high-density metropolitan areas have high disability-free life expectancy at age 65 as compared to below-average disability-free life expectancy at age 65 in most of Northern Canada. Disability-free life expectancy was not significantly different from the national average in the other health regions of far

north western Canada, peer group F, which is comprised of health regions in Northern Canada, mainly in the Prairies, British Columbia and the territories.

Health Adjusted Life Expectancy (HALE): is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life. Saskatchewan and FHHR stats are pending.

Infant Mortality, Teens and Birth Weights:

From **1998-2004**, infant mortality in FHHR has been lower than the province most years. Range in FHHR is 2.7- 9.1 per 1000, averaging at 6.5. The SK IMR ranges from 5.6 - 8.9, with an average of 6.2.

Most babies are born to mothers between 20 and 34 years of age in FHHR. Teen pregnancies in FHHR peaked in 1998 at 12.8 % of all births. The rate is declining and 2003 birth data, the teen birth rate was 7.5% of all births [Saskatchewan rate is 9.9%]. For FHHR, in 2004 and 2005, teen birth rate continued to decline (7.45 and 5.9% respectively). In **2006**, the teen birth rate was 8.1% (14.2% for SK).

High-birth weights in the FHHR for 1998 to 2004 were a rate of 14.3 % (Saskatchewan 15.6%). In **2006**, the high-birth weight rate was 13.5% (15.5% for SK).

Low Birth-Weights (LBW) expressed as a % of all births: Between the years 1998 and 2004, FHHR range of % LBW for FHHR: 4.4 - 7.0% (av. = 5.0); for SK: 5.1 - 5.5 % (av. = 5.4). In **2006**, the low birth-weight rate was 5.4% (5.6% for SK). Birth weights are impacted upon by smoking in pregnancy, race, parity, maternal size, socio-economic status, gender of baby, and gestational and maternal age.

Breastfeeding: From then 0-5 Needs Assessment, exclusive breastfeeding to 4 months was significantly below the accepted national rate. This was due in part to the inappropriate use of supplementation of formula or glucose-water and not strictly adhering to the breastfeeding definition. Initiation of "some" breastfeeding was 87%. Only 37% still did "some" breastfeeding at 6 months. From the 2001/02 Breastfeeding Survey, initiation of "some" breastfeeding was 92% and 37% still did "some" breastfeeding at 6 months. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada recommend exclusive breastfeeding for at least the first 4 months of life and continuing with other foods to 2 years and beyond.

The second survey (2002/03) showed, initiation of "some" breastfeeding was 92%. Only 37.3% still did "some" breastfeeding at 6 months.

A third survey is underway in the FHHR and the results will be available in **2009**.

From the CCHS 2003 & **2005**, 16% and 32% (respectively) of FHHR mothers exclusively breastfed for at least 6 months (20% and 23% respectively for SK).

Self-Rated Health Status: In FHHR, in 2001, 59% of people rated their health as very good to excellent as compared to 57% in the province. (CCHS, 2001) For 2003, FHHR, 56% of people rated their health as very good to excellent as compared to 60% in the province. (CCHS, 2003) And in **2005**, 55.7% of FHHR residents rated their health as very good to excellent as compared to 52% in the province. (CCHS, 2005)

Non-Medical Determinants of Health

Income and Social Status: Statistics Canada has unveiled (27th May 30, 2003) a new poverty measure, namely the Market Basket Measure. This measure looks at poverty rates by geography, taking into account rents and cost of essential food items, amongst others. Saskatchewan is about in the middle of the field at 13.9% of inhabitants living in "market basket" poverty (range: NFLD @ 23.4%, to ONT @ 11%). *(Note: Regional data not available at this time).* Low income cut-offs are still used as well. The low income cut-off is under $30,000 before tax annual income.

In FHHR in 1999, 17% of households made less than $20K, 53% made between $20K and $60K and 30% made over $60K. Twelve percent of the FHHR families are single parent and have an average total income of $26,106. The average married total income is $51,790. For FHHR in 2001, 11.2% of families were considered to have low income (11.8% for SK). In 2001 in FHHR, 18.6% of children 17 and younger belonged to low income families (19.0% for SK).

In FHHR in 2006, 15% of households made less than $20K, 38% made between $20K and $60K and 22% made over $60K and 25% of households would not disclose their income level (Adult & Seniors Needs Assessment, 2006).

Households on government assistance: 2007/8 as of April 2008.

1165 cases (1794 beneficiaries) are on some kind of government assistance program in Moose Jaw and surrounding areas. 10.4% (n=188) are on transitional employment allowance, and 90% (n=1046) are on the Social Assistance Plan.

Of the 1165, 70% (819) are single adults; 5% (56) are childless couples; 21% (239) are single parent families; and 4% (51) are two parent families.

From the 2002 Child and Youth Needs Assessment, 6.5% of the 10-to-19 years age cohort, were in families that used food programs to obtain sufficient food.

Education: From the Canadian Community Health Survey (CCHS) 2003, 33.8% of adults had less than a secondary education, 23.4% had a secondary education, 6.6% had a trade, diploma or some college/university and 34.5% had a post secondary degree. From the CCHS 2005, 30.0% of adults had less than a secondary education, 19.9% had a secondary education, 7.0% had a trade, diploma or some college/university and 41.1% had a post secondary degree.

In a recent survey (2003) of select areas of the region, 20% of adults had less than a secondary education, 27% had a secondary education, 52% had post secondary education. From the 2006 Needs Assessment, 24.8% of adults had less than a secondary education, 11.3% had a secondary education, 44% had a trade, diploma or some college/university and 20% had a post secondary degree

Physical Activity: For FHHR, looking back in 2001, 40.9% of residents are moderately active to active (SK – 44.1%) and 51.2% of residents are inactive (SK – 48.9%). 2003 Rates of physical activity in FHHR and SK, as noted in the table below. (There is a discrepancy in data due to the database sourced.)

Derived from CCHS 2003	moderately active/ active FHHR	inactive FHHR	moderately active/active SK	inactive SK
Stats Can data (entire file)	49.9%	48.3%	49.6%	47.8%
SK health data (share file)	50.6%	47.6%	49.8%	47.8%

From CCHS **2005**, 46.4% of residents are moderately active to active (SK - 48.6%) and 51.2% of residents are inactive (SK - 49.5%). In May of 2007, FHHR was conducted an Adult and Senior Anthropometric Assessment of a resident survey group as well as physical activity levels, and pain-scores.

In March **2009**, baseline data was collected from grade 4-8 students from six *in Motion* pilot schools. The children surveyed participated in at least some activity more often during the week (77.8%) than on weekends (72.5%). Grade 5 (86.4%) and 8 (90.4%) students did at least some activity more often than the other grades. Grade 7's (80.8%) did physical activity the least often.

Body Mass Index: Body mass index (BMI) -Canadian standard, which relates weight to height, is a common method of determining if an individual's weight is in a healthy range based on their height. BMI is calculated as follows: weight in kilograms divided by height in metres squared. The index is: under 18.5 (underweight), 18.5-24.9 (acceptable weight), 25-29.9 (some excess weight) and greater than 30.0(overweight). The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).

Over-consumption of food with poor nutrient quality (high fat, high sugar, high calorie, low nutrients) contributes to obesity, Saskatchewan's silent epidemic. This results in premature death and morbidity from cardiovascular disease and Type II Diabetes, amongst others. High rates of smoking in FHHR further exacerbate premature deaths due to cardiovascular disease.

2003 Rates of over-weightness and obesity in FHHR and Saskatchewan. There is a discrepancy in data due to the database used. Resolution has been made by Saskatchewan (May 2005).

Derived from CCHS 2003	Overweight FHHR	Obese FHHR	Overweight SK	Obese SK
Stats Can data (entire file)	37.7%	22.6%	35.5%	19.7%
SK health data (share file)	41.8%	25.9%	35.8%	20.5%

From CCHS **2005**, 32.7% of residents are overweight (SK - 32.5%) and 18.3% of residents are obese (SK - 20.0%).

In May 0f 2007, FHHR conducted an Adult and Senior Needs and Anthropometric Assessment of a resident survey group, as well as physical activity levels, and pain-scores.

Some of the findings include:

- 30% of participants were obese (BMI 30+);
  34.4% were overweight (BMI 25-29.9)
  33.3% were of normal weight (BMI 18.5 - 24.9)
- Almost 70% of participants had unhealthy waist circumferences and body fat percentages;
- 48% of participants are not participating in enough physical activity (PA);
- 21% of participants need to improve their body strength;
- 50% of participants need to improve their physical endurance capacity;
- 34% of participants need to improve their flexibility;
- 9% of participants do not eat breakfast;
- 21% of participants are sedentary;
- 80% of participants have minimal or no disability.

From the above, based on BMI measurement, we can see that 64.4% (almost two-thirds!) of participants surveyed are carrying at least some excess weight. To get a more accurate picture of the

BMI and Waist Circumference	Normal BMI (18.5–24.9)	Overweight (25.0–29.9)	*Obese (30.0+)*
Acceptable for Males <102 cm	Least risk – 33%	Increased risk – 0	*High risk – 0*
Unhealthy for Males ≥ 102 cm	Increased risk – 0	High risk – 29%	*Very high risk – 38%*
Acceptable for Females <88 cm	Least risk – 36%	Increased risk – 0	*High risk – 0*
Unhealthy for Females ≥ 88 cm	Increased risk – 0	High risk – 32%	*Very high risk – 39%*
Acceptable Total	Least risk – 28%	Increased risk – 0	*High risk – 0*
Unhealthy Total	*Increased risk – 4%*	*High risk – 35%*	*Very high risk – 30%*

health risk associated with excess weight, Health Canada recommends using both BMI and WC simultaneously. This enables us to classify the associated risk to health. This is visualized in the following table:

BMI and Waist Circumference	Normal BMI (19.5-24.9)	Overweight (25.0-29.9)	*Obese (30.0+)*
Acceptable for Males <102 cm	Least risk – 33%	Increased risk - 0	*High risk - 0*
Unhealthy for Males ≥ 102 cm	Increased risk - 0	High risk – 29%	*Very high risk – 38%*
Acceptable for Females <88 cm	Least risk – 26%	Increased risk - 0	*High risk - 0*
Unhealthy for Females ≥ 88 cm	Increased risk – 6%	High risk – 37%	*Very high risk – 28%*

This means that almost 70% of survey participants in the FHHR are at least at some increased risk of developing type 2 diabetes, coronary heart disease, hypertension, dyslipidaemia, gallbladder disease, and obstructive sleep apnea. Referral is made in the Population Health Promotion Report, of ongoing activities to promote physical activities in the FHHR.

Smoking: In FHHR in 2005, 22.3% of adults between the ages of 12 to 65 smoked compared to the 23.9% of adults of the same age group in the province. In FHHR in 2003, 24.1% (22.9% males; 25.3% females) of 12 to 65 year olds smoked compared to the 24.0% (24.6% males; 23.9% females) of people of the same age group in the province. In **2008**, 42% of people smoked in SK. There is a clear social gradient between smoking and income level. For example, those earning $12K to $40K had a smoking rate of 40% whereas those earning over $70K had a rate of 19% (2001).

Youth: 18% of 15-19 year olds in Canada in 2003 smoked and 15% in **2008** (CTUMS). 8.1% of 12-17 year olds in Canada in 2005 smoked (CCHS, 2005), 10% of the same age group in 2003 (CCHS, 2003). 22% of 15-19 year olds in SK in **2008** smoked. In FHHR in 2002, 20.2% of youth smoke cigarettes daily (2002 Child & Youth Needs Assessment).

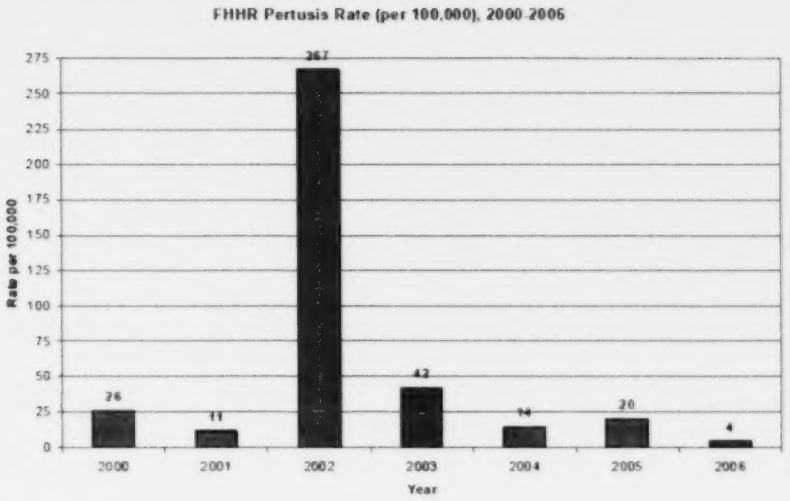
Health System Performance

Pertussis:

There were no new Pertussis cases in 2007 or 2008.

The 5 to 12 age group is predominantly affected. The significance of these diseases is that considerable time and staff resources are needed in following up cases and contacts.

There is also potential for severe disease in the very young or immunocompromised. Pertussis in adults and adolescents is thought to be under-diagnosed. [A relatively new vaccine against Pertussis (Adacel) is available for people of age 12-54 years. This is now part of the provincially funded childhood immunization program].



Hepatitis C: (Newly diagnosed)

YEAR	# of Cases	Covered Population	Hep C rate per
2005	20	55 476	36
2006	21	53 921	39
2007	27	53 878	50
2008	17	54 674	31
2009	10 (as of May 2009)	Receive Feb 2010	

In the Province, between 1998 and 2000, 70% of the new cases had IV drug use (IDU) as a risk factor, whereas in FHHR, at least 37% of those who tested positive for Hepatitis C were intravenous drug users. Risk factors could not be determined for some patients.

A harm reduction program (including a needle exchange program) for injection drug users was established by Public Health in 2002. It includes appropriate immunizations, serological testing, counselling and referrals to addictions, social services, physicians, etc.

HIV: In FHHR for the years 1998 through 2008 there were a total of 10 officially reported cases with an average of 1 case per year.

Chlamydia: (a Sexually Transmitted Infection) 2008:

Age Cohort: FHHR	Chlamydia Rate/10,000
1	
1-4	
5-9	
10-14	
15-19	113.8
20-24	130.7
25-29	62.3
30-39	22.5
40-59	0.6
60+	
Unknown	

Immunization Rates:

As per Canadian National standard, the coverage rate is the specific rate of immunization coverage, by a child's second birthday. This is an important milestone, as a child should have received the primary immunization series by this time.

The following Table represents the percentage of eligible population receiving immunization at second birthday, for FHHR and the Province - this for children who turned 2 years old in Saskatchewan, in the 2006-07 period.

Immunization Rates: **for children who turned** 2 years old in Saskatchewan in the 2007-08 period. [1]

Regional Health Authority	Population who attained age 2 in given year (covered pop)	Population who attained age 2 in given year and are registered in SIMS**	Rate by Antigen (%)									
			Diphtheria (4)	Varicella (1)	Meningococcal (1)	Haemophilus influenzae type b (4)	Measles (2)	Mumps (2)	Pertussis	Polio	Rubella (2)	Tetanus (4)
Five Hills[1]	533	551	80.8	83.3	89.7	79.7	80.2	80.2	80.8	81.1	80.2	80.8
Saskatchewan[1]	12,724	12,022	76.3	82.1	87.2	73.0	76.2	76.2	76.3	76.3	76.1	76.3

The 2007-08 (July 1, 2007-June 30, 2008) Saskatchewan Immunization Management System (SIMS) data reflects a slightly smaller SIMS population than the covered population.

Influenza Immunization rates for seniors (65 years of age and above):

This is a cost-effective population health measure, reducing both morbidity and mortality due to respiratory causes, in this vulnerable age-group. The information in the table below indicates that FHHR has steadily increased its percentage of those covered by the 'flu' shot, over the last three reporting periods:

FHHR Year	% Adults 65+ Immunized	SK Year	% Adults 65+ Immunized
2004/2005	68%	2004/2005	68%
2005/2006	67%	2005/2006	66%
2006/2007	63.3%	2006/2007	63.4%
2007/2008	63.6%	2007/2008	62%
2008/2009	64.9%	2008/2009	Not yet available

Emerging Issues

1. **Viral and Bacterial Diseases:**

1.1. **Planning for Pandemic Influenza:**

The South (and recently the North) Saskatchewan Pandemic Forum, is a practical forum for the exchange of ideas regarding Pandemic influenza planning. Key action areas include:

- The stockpiling issue – Forum members are recommending a 8-12 week stockpiled supply. Currently using RQHR's master Pandemic stockpile list, as the draft template. The Forum leads will link with the Regional Directors of Materials Management Group, to pursue discussions around the draft list, and the stockpiling process itself.
- Communication: all HR's to have links to PHAC and Provincial website (under EPP on homepage).
- Human Resources: discussions to be held with the Provincial Human Resources Group, as well as the Work Force Planning Branch. SAHO also involved in the planning.
- Care-Guidelines and Ethics: the access and ethics issues will be taken to the Regional Program Service Committee for feedback; a workshop may be possible.

There are separate Antiviral and Pandemic Vaccine working groups, under the auspices of the Provincial PMTAC group, working on these issue-areas. The PMTAC (Pandemic Medical Technical Advisory Committee) has recently been reshaped and streamlined.

1.2.**Arbovirusses such as West Nile Virus (WNV)** is now well established in Saskatchewan, and the FHHR. This is reflected in more circumspect and focused bird and mosquito surveillance techniques. WNV is a cyclical disease, reflecting a spill-over of the disease from its cycle in nature, to man. As in 2003 (223 cases), 2007 (116 cases) proved to be a high incidence year for FHHR. The 2007 figure translates into a rate of 215 infections/100,000. The overall provincial rate for 2007 was 134/100,000. 2008 was a low-incidence year for both FHHR and the Province, as exhibited in the following table:

(Total cases comprises both West Nile Neurological Syndrome, PLUS West Nile Non-Neurological syndrome PLUS the Asymptomatic cases)

Total # of WNV Cases:	FHHR	SK Total
2003	225	947
2004	2	5
2005	6	60
2006	1	20
2007	113	1456
2008	2	17

This disease is dependent on the mosquito vector, and mosquito proliferation in turn is heat-dependent. Global warming will influence these and other disease vectors, giving rise to the term transmerging diseases, i.e. the emergence or re-emergence of infectious diseases, new and old, against the background of a transforming weather and economic environment. A good example is dengue fever, rapidly spreading across South America and the Caribbean.

Surveillance will also detect new mosquito vectors in our region allowing us to be on the lookout for accompanying diseases such as Saint Louis Encephalitis, should it move north.

1.3. Antibiotic resistant organisms (ARO's) continue to present a challenge requiring continually changing approaches to stay ahead of organisms such as MRSA, amongst others.

ANTIBIOTIC RESISTANT ORGANISMS: MRSA

Benchmark Rate - Clinical Isolates 5.89/10000 pt days (CNISP Western Regional Data 2007)
Baseline Data- Screening Isolates 6.07/10000 Patient Days (MJUH Data 2008)

HAI MRSA Rate per 10000 Patient Days at MJUH (Year to Date)			
	Total # of cases	Screening Isolates	Clinical Isolates
2008	28	6.07	3.37
2009	7	3.87	2.9

The southern portion of the Province, including FHHR, is affected predominantly by the health-care associated types of MRSA. As one travels northwards in Saskatchewan, the proportion of community associated MRSA types, increases.

Some staphylococci are becoming resistant even to the fluoroquinolone group of antibiotics. To interrupt transmission of these and evolving resistant organisms, we need to:

- know about the latest mechanisms of how this resistance is conferred, i.e. by plasmids and integrons
- realize that the old standbys of hand hygiene and barrier isolation precautions, remain critically important

Accreditation Standards now include producing evidence of an appropriate hand-washing, with evidence of adherence to the required high standard, by all occupational groupings within Health Care.

1.4: Health-Facility-Associated Outbreaks (Respiratory and Enteric) in the FHHR:

This includes both enteric and respiratory outbreaks, in both Long-Term Care Facilities (LTC's), and Acute Care facilities, within the FHHR. Outbreak response requires considerable teamwork, and resources, to effectively combat the often complex outbreaks. Outbreak protocols require constant updating – a work-in-progress. The staff component within affected facilities is often stretched to the limit during outbreaks, especially over weekends. Complexities can include multiple simultaneous outbreak etiologies (organisms) within a single facility.

Enteric outbreaks: commonly caused by the Norovirus group.
Respiratory outbreaks: are commonly caused by Parainfluenza or influenza viruses. H1N1 Human Swine Flu can potentially cause an outbreak in any facility housing people in the long-term.

The undermentioned table depicts the main outbreak categories in facilities, to-date:

Year	Total # Outbreaks	# Enteric Outbreaks	# Respiratory Outbreaks
2006	12	10	2
2007	16	11	5
2008	29	15	14
2009 to date	12	6	6

2. Special interest groups:

Immigrants, refugees and otherwise, need a lot of assistance in order to settle successfully in our country. Access to health services is included in this process, and we need to continually strive to facilitate this process. This includes the necessary supports to facilitate the transition to the health services of a developed country such as ours. Language and cultural barriers present real obstacles to realizing this endeavour.

Ongoing close cooperation with Multicultural Centres is essential. Planning has enabled Public Health Nurses to begin screening Multicultural Centre immigrants as of (May, 2007), from a primary health care (PHC) perspective, and to liaise with specific physicians to expedite appropriate PHC modalities. Public Health Services interaction with the Regional Intersectoral Committee, has in May of 2009, culminated in the creation of a Health Educator position, to be housed at the Moose Jaw Multicultural Centre. Efforts are underway for the provision of a dedicated Nurse Practitioner position for this high-needs community, to complement existing FHHR staff in providing comprehensive Primary Health Care.

3. The Importance of Health Status Assessments using amongst others surveys, personal interviews and measurements:

As regards health behaviors, most of our information is based on self-reporting via agencies such as CIHI.

- In 2007, the FHHR conducted an **Adult and Senior Assessment survey**, including an Anthropometric Assessment of a resident survey group. This information continues to provide us with valuable insights into rising levels of physical inactivity, and over nutrition. Diabetes and cardiovascular disease amongst others, are known complications hereof.

- In 2008, the first of two active transportation surveys was conducted. Residents for the Sunningdale community of Moose Jaw were asked about their level of satisfaction of the new pilot bike lane, how much they use it and if they support the creation of more bike lanes in the city.
- In late 2008 & early 2009, the second of the active transport surveys was conducted. The whole of Moose Jaw was surveyed about their readiness and support to have bike lanes built in Moose jaw.
- In 2009, 2 teen wellness program surveys were conducted. One surveyed the clients on the satisfaction level with various areas of the program. The other surveyed high school students, to examine the knowledge and use of the program in local teens.
- In 2009, the base line data was collected for the "schools in motion" project. Children in grades 4-8 were asked various questions about their physical activity levels.
- In 2009, a survey was conducted to evaluate the need for a before school, lunch and afterschool program for school aged kids on south hill.

4. Teen Sexual Health Promotion:

Public Health Nurses acted as consultants for a project in the Pregnant Adolescent Support Program at Peacock Collegiate. The goals of the project "Talking Realities" were to raise awareness of the difficulties of being a teen parent while obtaining your high school education and to raise awareness of community resources, i.e. TWC. This was accomplished through peer education. Presentations were conducted at schools throughout Prairie South School Division and an invitation was made to the Holy Trinity School Division.

In 2008 two surveys were conducted by the Teen Wellness Clinic. The Teen Wellness Client Survey, from August 2008 to January 2009, was designed to assess satisfaction with services, accessibility and knowledge of the Clinic. The final report is pending but one of the highlights was that overall the clients are very satisfied with our services and Mondays remain the day of choice. The second was administered to Grade 9 and 10 students in the Prairie South School Division. The Teen Awareness Survey was designed to assess the student's knowledge of the TWC, birth control methods and where they received sexual health information. The final report is pending. An informal time survey was conducted for 6 months to learn when our clients attended our clinic. The majority of clients attended between 3 and 6 pm. Therefore it was decided to change clinic hours to 2 to 6pm to better serve TWC clients.

Medical Health Officer, Dr. Mark Vooght, provides medical coverage to the TWC. Teen Wellness Clinic Public Health Nurses have begun the process of education and training in order to perform Pap Testing.

Pursuing Excellence in FHHR

Pursuing Excellence is a quality improvement initiative in FHHR that looks at health care from the customer's/ patient's perspective and what is of value to them. Using that focus, health service processes are reviewed to determine if there are areas where gains can be made by doing things more efficiently and effectively. These areas are reviewed by staff and physicians working in the area and ideas for improvement are initiated for small scale improvements. These improvements are tracked to determine what effect they made on the service to the customer.

The Region is already changing processes in more than 50 different areas. For example, one small change in the telephone protocol at MJUH has resulted in reducing the number of unnecessary phone calls to the Emergency Department by 50 per cent, freeing up two hours a day for direct patient care.

Releasing Time To Care™

The United Kingdom-based program "Releasing Time to Care: The Productive Ward™ is a patient-centred approach to improving the quality of care on acute care nursing units focussing on decreasing system inefficiencies in order to free up caregivers' time for more direct patient care. The program empowers nurses, and other members of care teams, to look at how their ward is organized and to make changes that allow them to spend more time with patients. In Britain, the program has enabled nurses to more than double the time spent on direct patient care (from 20 to 45 per cent), cut handover time on shift changes by a third and reduce time spent on medicine rounds by 63 per cent.

In September 2008, representatives from the Ministry of Health, the Health Quality Council, officials from Regina, Saskatoon and Five Hills health regions, SRNA, SLPNA and SUN toured facilities in Nottingham, Coventry and Warwick and met with the National Institute for Health and Clinical Excellence (which identifies standards and evidence for best practices). A pilot of the program has been undertaken by the Medical Unit in the Moose Jaw Union Hospital .

2008-2009 Performance Results

Communication

The Region regularly reports on its activities and issues facing the health care system and the health and well-being of residents. The following are some of the activities undertaken in the 2008-09 year to maintain good two-way communications with employees, affiliate organizations, the public and others.

Health Services

- CQI Pursuing Excellence quarterly report released.
- End of Life Care/Ethical Decision Making Conference held in Moose Jaw.
- Telehealth services expanded to Assiniboia Union Hospital
- Population health promotion strategy status report released
- RIS PACS detailed planning for implementation is continuing
- Established Primary Health Care team in Craik
- Releasing Time to Care: The Productive Ward pilot project on MJUH Medical Ward, an improvement program started in the United Kingdom
- Disaster Exercises practices throughout regional facilities
- Renovation project approved for reception and triaging of patients for MJUH ER
- Accreditation Canada conducted regional survey indicating 91% compliance with standards

Communications

- Food charter resolution declared RHA's support for access to food and food security
- Special meeting held with RM of Eyebrow to discuss EMS and operational improvements in support of rural area
- Strategic plan six month progress report released
- Top 5 Strategic Objectives developed and approved by Authority
- Report on privacy reported only two low-priority privacy concerns reported to the Quality of Care Manager
- Regional food and nutrition policy released as a role model for accessible nutritious food choices
- Public release of third quarter 2008-09 performance dashboard highlights.
- Media event with Saskatchewan Cancer Agency on phase one of the screening program for colorectal cancer

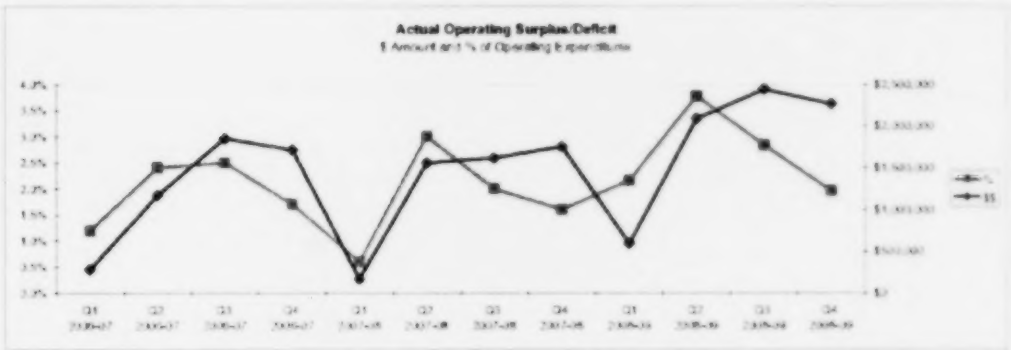
Other

- Media events included Family First Radiothon
- Interim CEO appointed
- Block funding allocation of $.6.2 million approved and submitted to Ministry for review and approval.
- Recruitment for Senior Medical Officer
- Orientation sessions for new board appointees
- Annual declaration of conflict of interest by board members
- Board chair appointed as representative to SAHO

The Region actively manages relations with media outlets, and communicates directly with employee and the public through the website, newsletters, advertisements and public meetings. In addition to alerting people of health risks and the availability of services, we also explain the issues facing the health region, and our approach to meeting the health needs of the region's 56,000 residents.

Financial Operations

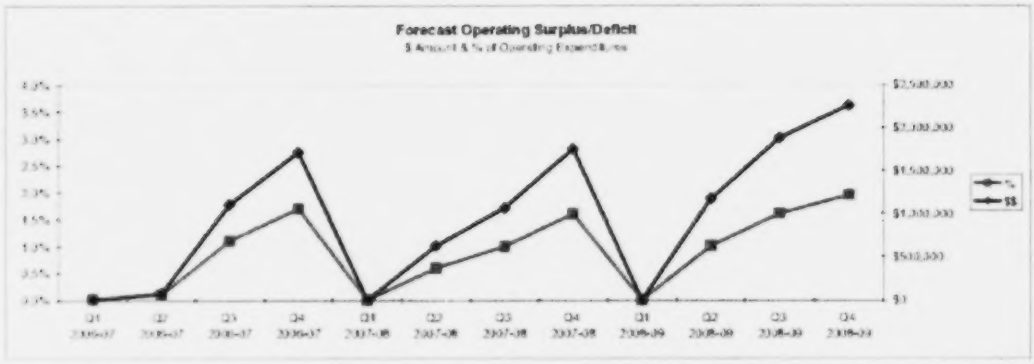
Indicator	2006-07	2007-08	2008-09
Surplus (deficit) - year-to-date actual	1,715,029	1,754,793	2,260,671
Surplus (deficit) as a percentage of actual operating expenditures	1.7%	1.6%	2.0%
Number of days able to operate with working capital	28.7	39.3	68.1
Expenditures in program support funding pool as a percentage of total RHA operating expenditures	3.8%	4.0%	4.1%



Definition: A region's surplus (or deficit) at the end of the specified quarter in $$ and expressed as a percentage of actual expenditures for that quarter.

Trend: The region's actual operating results have been in a surplus position in each of the last 12 quarters. The surplus has been greater than 1% of the budget for 11 out of the past 12 quarters.

Ministry of Health Interpretation: Five Hills RHA manages its resources very well.



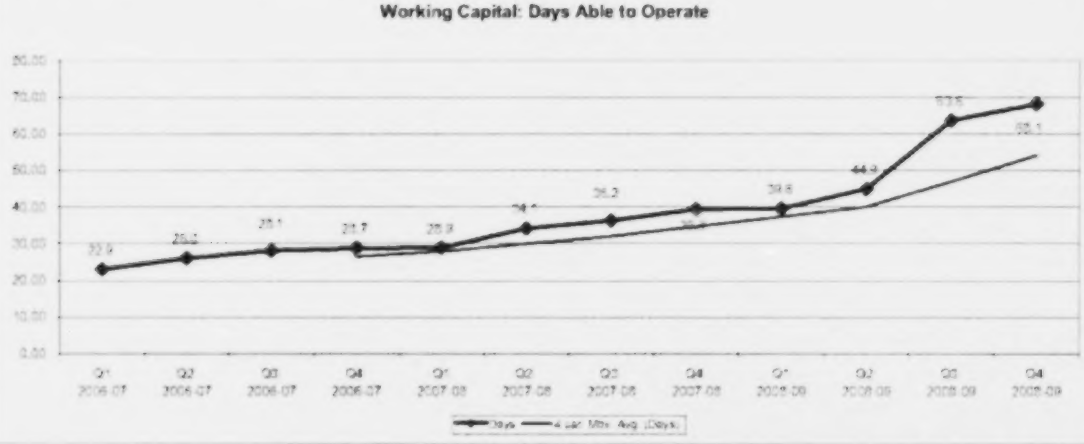
	Q1 2006-07	Q2 2006-07	Q3 2006-07	Q4 2006-07	Q1 2007-08	Q2 2007-08	Q3 2007-08	Q4 2007-08	Q1 2008-09	Q2 2008-09	Q3 2008-09	Q4 2008-09
%	0.0%	0.1%	1.1%	1.7%	0.0%	0.6%	1.0%	1.6%	0.0%	1.2%	1.6%	2.0%
$$	$9,143	$79,405	$1,110,761	$1,718,029	$2,563	$630,064	$1,069,523	$1,754,793	$74	$1,177,000	$1,881,378	$2,260,671

Definition: A region's year-end forecast surplus (deficit) at the end of the specified quarter in $$ and expressed as a percentage of forecasted expenditures for that quarter.

Trend: In each of the last three fiscal years the region's year-end forecast has grown quarter by quarter.

Ministry of Health Interpretation: This RHA manages its resources very well.

Region Comment: The Five Hills Health Region continues to operate with an operating surplus which is transferred each year to the capital fund. These capital funds, along with foundation contributions, donations and provincial grants combine to allow the region to purchase necessary equipment and furnishings.



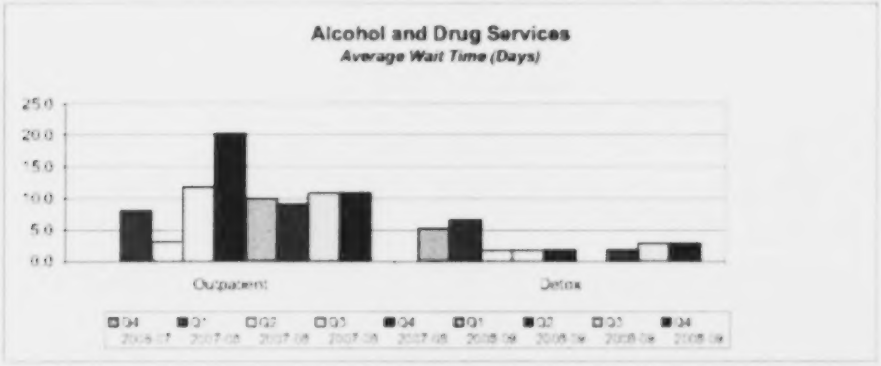
Definition: Number of days able to operate with working capital is determined by dividing working capital (current assets plus long-term investments, less current liabilities, externally restricted funds and internally restricted funds) by daily expenses (total expenses divided by the number of days year-to-date)..

Trend: Since Q1 2006-07, the region's working capital position has continued to improve on a quarterly basis.

Ministry of Health Interpretation: This region remains in the best financial position of all RHAs as it has been very well managed and consistently runs surpluses.

Alcohol and Drug Programs and Services

Indicator	2006-07	2007-2008	2008-2009
Average wait time for admission to alcohol and drug outpatient services (in days)	*Not available*	20.3	*10.9*
Average wait time for admission to alcohol and drug inpatient services (in days)	*Not available*	*Not available*	*Not available*
Average wait time for admission to alcohol and drug detoxification services (in days)	5.2	1.8	2.8
Average wait time for admission to alcohol and drug stabilization services (in days)	*Not available*	*Not available*	*Not available*



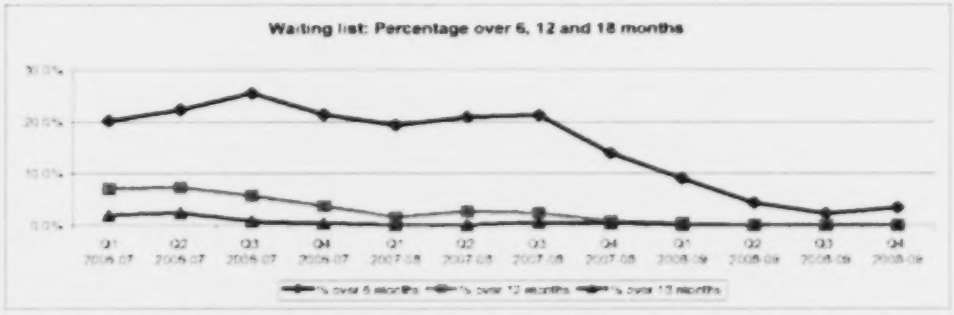
Outpatient				n/a								
Detox				5.2								

Definition: Actual time in days from approval for admission to an alcohol and drug services outpatient/ inpatient/detoxification/stabilization program to actual admission.

Region Comment: Pursuing Excellence initiatives utilizing Lean tools has provided Mental Health & Addictions Services the opportunity to improve access to services and decrease wait times

Surgical Services

Indicator		2006-07	2007-08	2008-09	Target
Number and percentage of surgical cases on wait list that have already waited over 6 months	Number	185	88	17	*See note below*
	Percentage	21.3%	13.9%	3.3%	
Number and percentage of surgical cases on wait list that have already waited over 12 months	Number	32	5	0	
	Percentage	3.7%	0.8%	0.0%	
Number and percentage of surgical cases on wait list that have already waited over 18 months	Number	3	2	0	
	Percentage	0.3%	0.3%	0.0%	



	Q1 2006-07	Q2 2006-07	Q3 2006-07	Q4 2006-07	Q1 2007-08	Q2 2007-08	Q3 2007-08	Q4 2007-08	Q1 2008-09	Q2 2008-09	Q3 2008-09	Q4 2008-09
# over 6 months	185	223	251	185	185	173	157	88	45	24	17	17
% over 6 months	21.1%	22.3%	25.4%	21.3%	19.8%	20.5%	21.3%	13.9%	8.8%	4.3%	3.3%	3.3%
# over 12 months	55	73	56	32	15	23	17	5	1	0	0	0
% over 12 months	7.1%	7.3%	5.7%	3.7%	1.6%	2.7%	2.3%	0.8%	0.2%	0.0%	0.0%	0.0%
# over 18 months	18	24	7	3	0	0	4	2	0	0	0	0
% over 18 months	2.3%	2.4%	0.7%	0.3%	0.0%	0.0%	0.5%	0.3%	0.0%	0.0%	0.0%	0.0%

Definition: The indicator shows the proportion of patients waiting for surgery as of a given date that had already waited over 6 or 12 or 18 months by region of service.

Target: The current Target Time Frames state that no patient should wait over 18 months for surgery.

Region Comment: The Region has demonstrated significant improvement in wait times over the last three years. The percentage of surgical cases that wait longer than 6 months for surgery has been reduced to 3.3% in 2009. No surgical patients have waited 12 months of longer for a surgical procedure.

Indicator		2006-07	2007-08	2008-09	Target
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames	Priority Level I within 3 weeks	86.7%	89.7%	92.3%	95%
	Priority Level II within 6 weeks	80.4%	89.7%	95.7%	90%
	Priority Level III within 3 months	91.2%	96.3%	94.8%	90%
	Priority Level IV within 12 months	94.3%	98.6%	100.0%	90%

Definition: The percentage of all Priority Levels I, II, III and IV surgeries that were performed within the target time frames.

Region Comment: **The percentage of all Priority Levels I, II, III and IV surgical cases completed within target time frames were better than the target in all but Priority I cases. Priority I cases met target in 92.3% of the time compared to the target of 95%. The unfavourable variance in Priority I cases is 2.7% .**

Indicator		2006-07	2007-08	2008-09	Target
Cumulative number of surgical cases performed as a percentage of target and variance from target	Percentage of target	99.0%	98.3%	94.9%	100%
	Variance from target	(39)	(67)	(200)	*See note below*

Definition: The number of surgeries reported to the Saskatchewan Surgical Care Network (SSCN) Surgical Patient Registry by region of service expressed as a percentage of the agreed upon target and the absolute difference from the target.

Target: Annual Target: 3,900 cases

Region Comment: **The unfavourable variance of 3.8% of target as compared to the average of the past two years, was impacted by a short term disruption in the availability in the surgical speciality of Obstetrics/Gynaecology.**

Specialized Medical Imaging Services

Indicator	2006-07	2007-2008	2008-2009	Target
Number of patients as a percentage of agreed on target for computed tomography (CT) services	104.5%	115.6%	108.2%	*See note below*

Definition: The number of CT patients as a percentage of agreed on target for a specified time period.

Target: 2006-07: 3,750 patients
2007-08: 3,790 patients
2008-09: 4,450 patients

Region Comment: **The region has exceeded the target in each of the three years. The unfavourable variance results in additional unplanned expenditures in the diagnostic imaging services. .**

Primary Health Care Services

Indicator		2006-2007	2007-2008	2008-2009	Target
Percentage of RHA population with geographic proximity to primary health care teams		19.8%	27.1%	31.3%	
Number of discrete clients receiving primary health care services in the RHA	Q1	1054	1058	2103	*See note below*
	Q2	1087	2410	3482	
	Q3	1083	2374	3272	
	Q4	966	2170	3955	

Definition: Covered population of the catchment areas for each primary health care team expressed as a percentage of the total covered population for the specified region.

Discrete Patients are the patients of the primary health care team within the regional health authority. One person counted only once. However, the patient residence is not necessarily within the region. Discrete patients are not additive.

Region Comment: **In 2008-2009, the Five Hills Health Region established primary health care teams in Kincaid and Craik. The Region will continue to work with the Ministry of Health on the development and establishment of additional PHC teams.**

Indicator	2006-2007	2007-2008	2008-2009
Number of persons receiving a service from HealthLine for the RHA	*Not applicable*	6548	5639

Region Comment: **All residents of the province have access to the toll-free number: 1-877-800-0002. TTY access is available for the hearing impaired. Translation services are also available for those requiring communication in a language other than English. Specially-trained social workers and registered psychiatric nurses (RPNs) are available to handle crisis calls and provide referrals.**

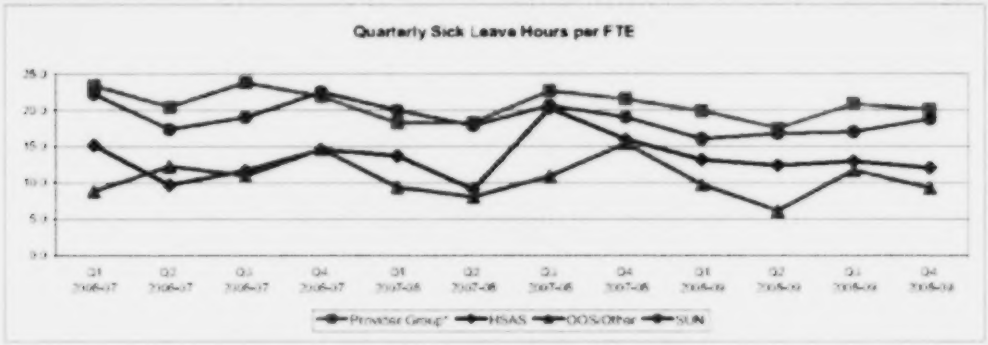
The Region has promoted the use of HealthLine in a number of its publications during the year:

Business Continuity

Region Comment: **The RHA is progressing towards adopting and preparing business continuity plans.**

Workplace

Indicator		2006-2007	2007-2008	2008-2009
Number of sick leave hours per full time equivalent (FTE) by affiliation	Provider Unions (CUPE, SEIU, SGEU)	89.5	80.6	78.3
	HSAS	51.1	59.1	50.4
	OOS/OTHER	46.6	43.7	36.7
	SUN	81.1	77.4	68.5
Number of lost-time WCB claims per 100 full time equivalents (FTEs)		5.9	7.0	5.7
Number of lost-time WCB days per 100 full time equivalents (FTEs)		630.5	603.4	622.6



Sick Leave: Work absence correlates closely with turnover, and therefore becomes an early warning of retention issues. It can also affect the morale of the employees who come to work every day . Addressing its root causes can contribute significantly to employee quality of life and the health care system's overall efficiency and cost-effectiveness.

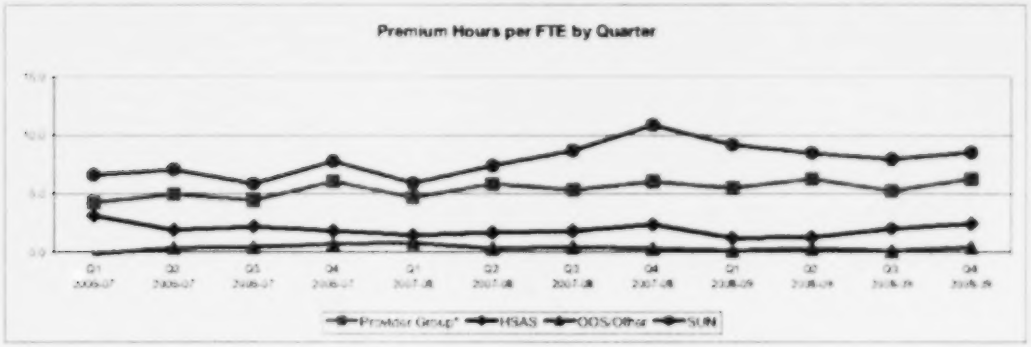
Lost-time WCB Claims/Days: Workplace injuries in the health sector are influenced by a number of factors including the availability and uptake of occupational health and safety training, the existence of unrecognized risk, general employee knowledge and expectations regarding health and safety, and a lack of corporate commitment to have a "culture of safety" in the workplace. Research shows that when workplace safety is articulated and reinforced as one of the core operational values, injury rates and consequently costs to the system are lower.

In August 2008, the Authority approved an objective ***to reduce workplace absences (resulting from injury and illness) by 25% over a period of four to five years***.

The Region has hired an Attendance Management Support Consultant to address sick leave and WCB absences and has introduced SafeStart in the Environmental Services Department as part of its commitment to reducing injuries in the workplace.

The Region is using Lean/Six Sigma methodologies as tools to reduce the incidence of workplace injuries. The project will start with a community hospital and spread throughout the region in a defined process improvement strategy.

Indicator		2006-2007	2007-2008	2008-2009
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation	Provider Unions (CUPE, SEIU, SGEU)	19.5	21.8	23.2
	HSAS	9.0	7.3	6.9
	OOS/OTHER	1.3	1.9	0.9
	SUN	27.2	32.8	33.9



Provider Group*	4.2	4.9	4.4	5.0	4.7	5.6	5.2	5.0	5.5	5.2	5.2	5.2
HSAS	1.8	1.9	2.2	1.8	1.4	1.7	1.8	2.4	1.2	1.3	2.2	2.4
OOS/Other	0.2	0.4	0.4	0.7	0.8	0.3	3.5	0.3	0.1	0.1	0.1	0.4
SUN	5.5	7.2	5.5	7.6	5.9	7.4	9.7	10.8	6.1	6.1	7.6	6.5

*CUPE,SGEU,SEIU

Provincial results	9.8	11.5	9.2	11.9	10.1	12.1	11.9	14.2	12.2	12.9	12.5	14.2

Region Comment: Overtime hours have become an increasing concern for Regional Health Authorities (RHAs), the Saskatchewan Cancer Agency (SCA) and the Ministry of Health over the past few years. Historically the department has not funded overtime hours, which results in these funds coming directly from organizations' operating budgets. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in / keep staff on in overtime situations. Not only is this financially problematic, the pressure on employees to maintain a high standard of care and service is taxed by continual overtime hours. Overtime hours can also be associated with understaffed areas or professions / positions that have typically been hard to recruit or retain employees.

Future Outlook/Emerging Issues

Strategic themes are the building blocks around which the execution of the strategy occurs. On any day, there are hundreds of processes taking place in the region at the same time. There are strategic themes that must receive special attention and focus in any process.

- COMMUNITY ENGAGEMENT – reinforcing the importance of community development and improving communication
- CLIENT CENTERED SERVICE – providing exemplary customer service
- ACCESS – reducing waitlists and wait times for service; exploring alternatives to deliver service closer to home or community
- PRIMARY HEALTH CARE – expanding primary health care sites and chronic disease management throughout the health region
- EMERGENCY MEDICAL SERVICES (EMS) – supporting enhanced education for EMS personnel in pre-hospital care
- QUALITY – pursuing excellence is key to improving processes, flow and the customer experience
- SAFETY – creating a safe environment for staff and those we serve
- POPULATION HEALTH – influencing the health of the population
- HUMAN RESOURCE EXCELLENCE – through establishment of a quality workplace and a learning organization
- CAPITAL – securing provincial and local funding for new capital projects for the addition to Moose Jaw Union Hospital, future long term care needs and Angus Campbell facility
- ENVIRONMENTALLY RESPONSIBLE – reducing the impact of the region on the environment

While not a complete list, **opportunities and threats and the associated risks** encountered by the Regional Health Authority can be summarized as follows:

- **Patient First Review** — the Health Region will be developing a plan that addresses improving the patient experience.
- **Infection Control and Pandemic Planning** — infection control practices and pandemic planning in concert with other health regions and the Ministry continues to be a high priority.
- **Staff recruitment and retention** will be an increasing challenge as the health region responds to the demographic reality of the population.
- **Patient safety** and system redesign needs to take place in order to match the safety standard of other industries - such as the airline industry.
- **Capital infrastructure** — rigid building designs will need to evolve with the change in needs and evolution of services.
- In conjunction with primary health care reform, the acute care system will need to be redesigned to address **chronic and complex care needs** that are emerging.
- **Changing health needs and trends** - chronic illness care continues to emerge as the prevalent need in the population. The upstream challenge of obesity and a lack of physical activity will increase this strain on the health system. At the other end of the spectrum, the number of outbreaks and the risk of pandemic will also rise.
- **Access issues** - patients continue to deal with access issues related to a lack of transportation, unnecessary waits for health services and a lack of access to tele-health and tele-home care alternatives. Access to surgery within appropriate timelines for citizens of this province continues to be a high priority. Addressing and improving the surgical experience is a priority.
- The multiple acute care systems - the **patient journey** is most likely to begin in a setting outside of the Health Region service - perhaps within a physician's office. The system of referral and information flow is poorly designed and requires modernization and standardization. In addition, patient flow between facilities, services and regions needs improvement - with every handoff creating risk of error and miscommunication. The lack of **information systems** to assist in what is currently a paper system need further focus. The false division between these private providers and multiple agencies needs to be resolved.
- **Demographic changes** - the population of the region is predicted to continue to decline. If past trends continue, out-migration from rural areas will be the most pronounced. The senior population will decline - only to peak again in 14 years with an aging baby boomer population. Retention of the young workforce - representing a source for future health workers and the future tax paying generation - will be a continued challenge. Services cannot and should not be sustained at their current levels. Services must evolve to meet the ever changing population needs.

Governance and Transparency

In February 2009, the Minister of Health announced appointments to the Regional Health Authority.

Velma Geddes (Chair)	Clark Coulson	Cecilia Mulhern
Don Shanner (Vice Chair)	Ken Hawkes	Christine Racic
Grant Berger	Al Klassen	George Reaves
Betty Collicott	Tracey Kuffner	Jeffrey Reihl

Responsibilities and Powers of the RHA

- Assess health needs
- Evaluate health services
- Develop operational plan
- Promote health and wellness
- Provide health services
- Coordinate health services
- Any other that the Minister may direct

The *Regional Health Services Act, 2002* established the responsibilities and powers of the Minister of Health and Regional Health Authorities.

- Executive Committee
- Planning Committee
- Policy Committee
- Ethics Advisory Committee
- Mental Health and Addictions Services Advisory Committee
- SAHO Resolutions Committee

Public Transparency

To ensure public transparency the Five Hills Regional Health Authority has undertaken the following activities:

2008/2009 Regular Meetings Held in a Public Forum:

- April 30: Moose Jaw
- May 28: Moose Jaw
- June 25: Moose Jaw
- August 27: Moose Jaw
- September 24: Moose Jaw
- October 29: Shamrock
- December 10: Moose Jaw
- February 26, 2009: Moose Jaw
- March 25, 2009: Moose Jaw

Internet Site Content:

- Minutes of the Regular Authority meetings
- 2007 Strategic Themes
- Strategic Plan—August 2007
- 2007-2008 Annual Report
- 2006-2009 Drug Strategy Report
- Leadership Philosophy
- Physician Resources Plan
- Physicians Accepting New Patients
- Privacy
- Careers
- Programs and Services
- Health Status Report 2005-2006
- Child and Youth Need Assessment Survey—2002
- Adult and Seniors Needs Assessment Survey—2006/07
- Age 0-5 Survey 1999

We're on the Web
www.fhhr.ca

Community Advisory Structure

The Regional Health Services Act Section 28 states:

- *A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
- *The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
- *Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

Communities and organizations that our health region currently interacts includes but is not limited to the following:

- Assiniboia Civic Improvement Association
- Assiniboia Union Hospital Auxiliary
- Badlands Recreational Committee
- Briercrest College
- Canadian Cancer Society
- Canadian Diabetes Association
- Cayer Trust (Willow Bunch)
- Central Butte and District Foundation
- Central Butte Union Hospital Auxiliary
- Child Action Committee (Moose Jaw)
- Child Action Group (Assiniboia)
- Child and Youth Interagency Committee
- Cosmo Senior Citizen's Centre
- Craik and District Foundation
- Craik Auxiliary
- Department of National Defense - 15 Wing
- Division scolaire francophone 310
- Elbow Auxiliary
- Emergency Measures Organizations
- Emergency Response Planning Committee
- Eyebrow Auxiliary
- File Hills Tribal Council
- Food Security Network
- Grasslands Trust Fund Corp.
- Grasslands Health Centre Auxiliary
- Holy Trinity Roman Catholic Separate School Division No. 22
- Housing Authorities
- John Howard Society
- Kincaid & District Health Centre Board Inc.
- Lafleche District Health Foundation Inc.
- Ludlow Trust
- Medical Advisory Committee
- Metis Nation
- Moose Jaw & District Senior Citizens Association
- Moose Jaw and District Interagency Committee
- Moose Jaw Families for Change
- Moose Jaw Health Foundation
- Moose Jaw Mental Health Housing Committee
- Moose Jaw Union Hospital Auxiliary
- Mossbank Trust
- Municipal Governments
- Pioneer Lodge Assiniboia Auxiliary
- Prairie South School Division No. 210
- Regency Hospital Auxiliary
- Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
- Regional Intersectoral Committee
- Ross Payant Nursing Home Auxiliary
- SIAST - Palliser Campus
- South Central Recreation and Parks Association
- South Country Health Care Foundation
- Thunder Creek Rehabilitation Association
- Transition House
- Tugaske Auxiliary
- Unions
- Valley View Centre

The Authority has a network in place for receiving advice from a number and variety of communities. Primary Health Care development, with its significant community development component, will round out the existing network.

Payee List

FIVE HILLS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aasen, Dianne	$	92,669
Abramsen, Andrea		68,865
Ackerman, Linda		82,267
Adrian, Shelly		63,886
Albinet, Laurie		95,016
Alderton, Cheryl		57,095
Allen, James		89,414
Almeida, Kathy		66,241
Alraum, Isolde		72,070
Altwasser Bryant, Arla		62,581
Ambrose, Shelley		52,787
Amies, Michael		81,363
Anderson, Darrell		70,966
Anderson, Lori		82,652
Arseneau, Maureen		84,787
Awad El Kariem, Sawsan		388,093
Ayers, Nola		122,662
Baillot, Melanie		57,649
Bain, Joy		82,753
Bakke, Krista		78,380
Ballard, Geraldine		83,653
Barrett, Elizabeth		70,308
Barth, Darlene		53,924
Bartzen, Della		51,549
Bastedo, J Roger		80,256
Batty, Kathy		65,046
Bauck, Deborah		75,309
Beaubien, Colette		74,126
Beauregard, Claude		53,861
Beausoleil, Aline		50,127
Beesley, Craig		119,508
Bellrose, Sheila		62,066
Bender, Karen		73,883
Bengtson, Monica		62,582
Benoit, Ann		93,588
Benson, Lisa		67,082
Bergen, Rachel		65,898
Berjan, Florence		63,194
Berthelet, Robin		63,473
Blazieko, Joann		88,084
Blazieko, Wayne		145,389
Boerma, Lucinda		52,880
Bohlken, Dawn		57,412
Booth, Mary Lee		89,437
Boothman, Tami		80,580
Bourassa, Crystal		59,250
Bouvier, Laurie		59,338
Box, Kimberley		66,554
Boyczuk, Christine		71,000
Bremner, Carolyn		94,701
Brenner, Teresa		65,014
Brinton, Peggy		83,759
Brisbin, Katherine		71,317
Broeder, Teresa		73,945
Buchanan, Robert		80,136
Budd Wutke, Darla		78,104
Bumphrey, Brenda		81,352
Burnett, Barbara		64,025
Burns, Maureen		84,401
Bushell, Marlene		50,935
Butlin, Barbara		53,265
Campbell, Nimone		75,582
Campbell, Patricia		60,095
Campbell, Shauna		87,563
Campbell, Wanda		81,366
Carretero, Antonio		291,432
Cayer, Janice		84,630
Charsson, Alfred		56,431
Charsson, Clara		94,505
Chartrand, Lisa		64,823
Chokani, Ann Marie		87,573
Chow, Amy		82,713
Clark, Carol		52,119
Coates, Deborah		55,558
Cobb, Charlene		61,807
Cobbe, Carmen		62,502
Cochrane, Rod		80,687
Cole, Brenda		51,756
Cole, Lorlee		50,530
Cooper, Cindy		50,127
Cossette, Rondelle		66,810
Cotter, Debra		58,357
Cox, Sheila		91,385
Craig, Cheryl		153,803
Cristo, Janet		60,393
D Entremont, Marc		62,265

Personal Services - Five Hills Health Region 2008/09

Dancey, Colleen	73,860
Deobald, Brenda	92,496
Deringer, Gina	76,740
Dick, Denise	81,774
Dixon, Karen	79,961
Doepker, Bernie	64,804
Dombowsky, Eva	50,947
Donley, Teresa	87,755
Dowling, Michelle	67,963
Downey, Corrin	57,644
Downie, Suzanne	94,677
Dreger, Wanda	76,559
Driedger, Heather	76,963
Durand, Sylvia	66,848
Dushinski, Kim	81,286
Duzan, Nancy	57,375
Ellert, Clara	66,473
Ellingson, Marie	86,845
Engler, Kathryn	85,273
Engstrom, Leslie	79,401
Engstrom, Pamela	66,467
Erslone, Kimberly	71,709
Erwin, Dre	62,664
Etches, Robert	306,449
Farwell, Faye	57,659
Ferguson, Dianne	105,361
Ferguson, James	64,568
Fernell, Karen	75,872
Ferraton, Tamara	55,263
Fieldgate, Catherine	82,283
Filipowich, Kathleen	71,998
Firomski, Curtis	52,922
Fitterer, Cheryl	60,496
Fitzpatrick, Gail	70,205
Fjeldberg, Rynae	87,234
Flegel, Deborah	82,032
Flegel, Elaine	68,367
Florizone, Dan	74,658
Flowers, Barbara	86,598
Forrest, Lois	90,697
Fowler, Sandra	63,948
Francoeur, Lisa	68,235
Frank, Gwenith	82,552
Fraser, Dan	94,699
Froehlich, Kelly	71,500
Fryklund, Susan	63,783
Ganzer, Shelley	71,579
Gaucher, Adrien	93,030
Gilbert, Chere	77,716
Gilbert, Natasha	54,835
Gillies, Jennifer	58,577
Gleim, Sandra	78,945
Godin, Fairlie	66,026
Good, Laurie	82,438
Goud, Dan	63,447
Goudie, Darlene	87,353
Grant, Mathilda	89,444
Gray, Deborah	69,341
Green, Janice	69,177
Green, Paula	63,477
Griffin, Kathy	90,616
Gross, Edith	51,109
Guillaume, Allyson	81,642
Gummeson, Phyllis	69,228
Gyrlevich, Louise	82,366
Haas, Erin	65,387
Hadley Cole, Rona	79,784
Hagan, Gayle	64,736
Hager, Brad	65,468
Handfield, Leslie	53,597
Hanson, Teresa	63,740
Haque, Sameema	77,890
Hasenack, Lisa	51,741
Hasmatali, Sheryl	88,876
Haukaas, Brenda	78,342
Hawley, Veronica	51,237
Hayden, Janice	63,458
Heidecker, Christine	81,249
Heidecker, Kirk	78,086
Helland, Joanne	74,277
Hicks, Dorothy	52,928
Hicks, Pat	83,407
Hogeveen, Melissa	66,711
Huber, Marvin	79,472
Hudson, Donna	79,918
Hugo, Shauna	78,218
Hundeby, Janet	78,046
Hutchinson, Terry	121,234
Huyghebaert, Eveline	55,738
Ireland, Diane	103,112
Ireland, Sharon	57,772
Jago, Terry	72,070
Johnson, Allyson	67,849
Johnson, Cynthia	80,670
Johnson, Darren	77,883
Johnson, Elaine	82,246
Johnson, Heather	79,712
Johnson, Pamela	66,200
Johnson, Wayne	84,642
Johnston, Donna	53,902

Personal Services - Five Hills Health Region 2008/09

Juell, Jody	69,260
Jukes, Jackalyn	64,266
Justason, Ave Berna	73,270
Karst, Teresa	88,623
Keall, Sylvia	73,240
Kendzierski, Danna	58,296
Kergan, Guy	83,403
Kerr, Daniel	54,466
Kimball, Sandra	53,788
Kindrachuk, Joye	83,500
King, Sherry	54,627
Kirby, Nicole	51,167
Kittler, Shelly	82,016
Kitts, Lynn	71,797
Knudson, Katherine	64,895
Kowalski, Gwen	89,373
Krepakevich, Kevin	83,403
Kuhn, Joanne	54,021
Kwan, Rhonda	72,537
Lalonde, Janet	89,577
Lambert, Colleen	85,833
Langdon, Karyn	81,649
Langlois, Paul	55,934
Lapointe, Shirley	59,742
Larmour, Brent	78,051
Larocque, Mary	50,048
Law, Linda	81,180
Le Courtois, Robin	76,417
Lehmann, Karen	63,496
Lewis, Shawna	72,464
Lewry, Patricia	50,284
Liguon, John	121,304
Lind, Norma	76,691
Longworth, Linda	56,872
Longworth, Lorna	56,084
Lorencz, Therese	82,820
Lovick, Valerie	100,346
Lowes, Joanne	63,364
Ludke, Mona	74,564
MacDiarmid, Joyce	94,700
MacKenzie, Dawnidell	54,475
Macioe, Judy	52,723
Martyniuk, Bonita	84,764
Mattus, Donna	56,948
Mawson, Teri	53,600
Mazurkewicz, Jaclyn	57,211
McBride, Shirley	73,548
McCormack, Evelyn	85,783
McDowell, Ashleigh	56,433
McFadden, Brandy	77,126
McInnes, Maryellen	86,601
McKay, Holly	53,325
McKenna, Joann	58,859
McMaster, Rhonice	60,216
McNeil, Elaine	64,043
McQueen, Stacey	65,868
Medders, Steve	50,862
Messner, Donna	57,808
Mielke, Janice	78,750
Millar, Frances	87,081
Miller Moyse, Gwen	51,599
Miller, Gail	52,058
Miller, Lenore	53,474
Miller, Tamye	71,191
Miskiman, Chad	93,062
Moide, Helen	83,744
Molsberry, Marjorie	50,746
Monea, Deborah	82,436
Montgomery, Marie	79,474
Moore, Isabel	75,603
Moore, Jean	75,169
Moran, Shelley	63,041
Morland, Darlene	90,467
Moulding, Donna	86,412
Neal, Sheila	68,256
Neigel, Darcy	72,070
Newans, Robin	82,443
Nicholls, Brenda	87,118
Nicholson, Raelynn	61,249
Nicolay, Sheree	56,337
Nicolson, Sharon	81,058
Nieminen, Nicole	55,059
Nightingale, Laurianne	91,448
Nikolic, Shelley	52,510
Nouh, Mohamed	405,553
Oen, Barb	58,663
Ofstedahl, Donna	76,303
Ofukany, Lindsey	63,891
Ogle, Wanda	83,163
Oledzki, Joan	61,212
Olienberg, James	63,093
Oram, Dianne	58,609
O'Reilly, Audrey	94,699
Osemlak, Pauline	94,701
Oxley, James	99,152
Paice, Amanda	96,304
Pardy, Arlene	84,352
Parker, Lisa	58,041
Passmore, Arlene	52,402
Paul, Connie	77,600

Personal Services - Five Hills Health Region 2008/09

Paull, Elizabeth	79,304
Paulowicz, Jeffrey	65,361
Pearson, Shannon	54,849
Pecusik, Catherine	88,002
Petersen, Joanne	58,887
Peterson, Eyvonne	94,700
Peterson, Lance	66,587
Petruic, Judy	54,404
Philipation, Travis	81,214
Pierce, Taryn	63,088
Pinkney, Carla	57,420
Preston, Peggy	64,349
Prokopchuk, Arlene	50,458
Puckett, Lynn	91,790
Ramphal, Christine	61,425
Reed, Eveline	51,950
Reihl, Debbie	72,480
Remoue, Marilyn	80,934
Rice, Christine	84,339
Richards, Tracy	54,080
Rivard, Wendy	59,118
Roach, Shelley	79,586
Robb, Donna	70,660
Roberts, Christa	62,694
Robertson, Jackie	81,157
Rodgers, Marilyn	77,034
Rogers, Shannon	94,724
Rollie, Wendy	85,022
Rudd, Nola	61,080
Rumancik, Peter	70,361
Runzer, Sandra	66,765
Rusnak Weekes, Nicole	61,553
Rust, Johanne	101,096
Rusu, Troy	63,293
Ruzicka Olson, Corie	64,630
Ryan, Beverley	78,482
Sabourin, Dolores	82,905
Salaba, Janice	79,580
Saladana, Rita	77,521
Salido, Deign	79,392
Sanden, Wendy	65,285
Sanders, Anita	86,433
Sanderson, Lois	52,123
Savage, June	75,539
Schatteniork, Dale	69,425
Schellenberg, Tara	54,884
Schick, Joyce	56,684
Scott, Deborah	86,235
Seaborg, Bonnie	77,836
Segall, Heather	95,716
Seida, Norine	94,676
Seip, Kim	52,997
Seman, Edward	62,405
Sheistad, Cynthia	93,584
Shiers, Mark	83,171
Shirkey, Patti	66,805
Shook, Shelley	52,912
Silvester, Paul	79,290
Silzer, Sharon	55,259
Simmons, Lorna	71,042
Sinclair, Juliet	83,863
Sjoberg, Ellen	50,647
Smith, Brenda S.	75,452
Smith, Brenda L.	62,137
Smith, Charlene	54,614
Smith, Darlene	96,103
Smith, Donna	63,932
Smith, Shelley	90,817
Smith, Trish	55,451
Sobottka, Bonnie	92,162
Sparks, Debbie	64,239
Spence, Laura	68,695
Stabell, Susan	60,753
Stankewich, Brenda	58,031
Stapor, Paul	85,640
Statham, Chen	88,303
Steckhan, Edna	94,700
Steel, Brenda	62,070
Stenerson, Wade	62,914
Stensland, Jana	66,739
Stevens, Debra	75,320
Stewart, Cathy	83,001
Stewart, Shannon	53,916
Stobbs, John	64,431
Storozuk, Yvette	66,998
Strand, Cherise	78,180
Strange, Debra	82,693
Straub, Jacquelin	82,869
Striha, Lynn	81,744
Strom, Sheida	69,291
Sullivan, Maureen	86,116
Swanson, Kerry	68,440
Switzer, Betty	83,445
Tallon Dyck, Holly	63,426
Tendler, Cathy	57,064
Terry, Ernest	105,857
Thul, Lori	56,859
Tipper, Lisa	52,904
Tkachuk, Brian	81,804
Tomashewski, Tannis	51,400

Personal Services - Five Hills Health Region 2008/09

Trafford, Karen	52,278
Tremaine, Shari	60,138
Trusty, Alice	79,808
Tysdal, Elizabeth	65,051
Ursan, James	52,431
Vaessen, Leisa	81,127
Vooght, Mark	215,680
Voth, Norlaine	77,753
Waldenberger, Vanessa	83,980
Waldon, James	76,839
Walker, Vivian	50,025
Wanner, Brian	80,071
Ward, Cheryl	79,123
Warner, Tamara	51,776
Warsi, Mohammed	239,651
Wasylenka, Dixie	83,034
Watling, Patricia	56,684
Weiss, Jennifer	62,397
White, Patricia	53,729
Wicharuk, Judy	79,596
Willatt, Linda	70,487
Williams, Kathryn	51,390
Williams, Shannon	64,893
Wilm, Joanne	95,031
Winkler, Lucyna	79,925
Winter, David	70,027
Wittal, Gerrilynn	87,376
Wohlberg Knelsen, Sharon	74,676
Wolfe, Jacquelin	82,172
Woloschuk Connor, Laurie	67,011
Wong, Gail	50,628
Wood, Darcy	56,953
Wostradowski, Bonnie	53,994
Wozniak, Yvonne	77,483
Wright, Bree	54,586
Yaschuk, Kerry	62,362
Yost Walter, Lynda Lee	80,046
Zarubin, Amanda	83,503
Zehr, Dawn	50,864
Payees under $50,000	25,165,115
Total Personal Services	$ 57,285,557

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Extendicare	$ 5,507,672
Hutch Ambulance Service Inc	232,669
Individualized Home Care Funding	181,656
Moose Jaw & District EMS	1,441,194
Moose Jaw Alcohol & Drug Abuse	978,508
Moose Jaw Transition House	241,241
Providence Place	11,496,623
Salvation Army	140,434
St. Joseph's EMS Gravelbourg	226,275
St. Joseph's Hospital Gravelbourg	4,188,710
Thunder Creek Rehab Assoc Inc.	527,046
Wakl Ambulance	260,701
Total Transfers	$ 25,422,729

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	$ 556,404
Adam's Painting & Decorating	60,628
Al-Begamy, Dr. Youssef	230,887
Alcon Canada Inc.	355,718
AMT Vantage Group Inc.	73,696
Arjo Canada Inc.	55,103
Biomerieux Canada Inc.	69,797
Blomerus, Dr. Jacobus	93,435
Brown, Dr. Mark	54,085
Bunzl Canada	176,448
C&E Mechanical Inc.	122,132
Can-Med Healthcare	70,765
Carpet One	70,100
CBT Connections Ltd.	71,198
CEG Energy Options Inc.	95,897
Christie Group Ltd.	527,361
City Of Moose Jaw	143,399
CPDN - 3130827 Canada Inc.	580,209
CU Credit Mastercard	162,584
Cypress Paving Ltd.	52,812
Dautremont, Dr. Kevin	64,386
De Coteau, Dr. W. Earle	64,051
Deleon, Dr. Ernesto L.	79,744
Dell Canada	100,807
Devilliers, Dr. Jean Pierre	99,965
Du Toit, Awie Radiology Prof. Corp.	573,210
Duncan Roofing Ltd.	108,250
Ecolab Ltd.	62,525

Supplier Payments - Five Hills Health Region 2008/09

Eecol Electric Corp.	79,138
Enterprise Rent-A-Car	82,389
Fiber Tech	56,653
Final Touch Flooring & Interior	80,654
Futuremed Health Care Products	68,843
Gambro Inc.	98,341
General Electric Canada Inc.	486,550
Geyer, Dr. Willem J.	110,508
Giles, Dr. Roy	99,743
Great West Life Assurance Co.	423,336
Hailu, Dr. Tadesse Medical Prof.	335,579
Health Sciences Assoc Of Sask.	78,088
Healthcare Insurance Reciprocal	134,579
Heilman, James Medical Prof. Corp.	278,094
Hospira Heathcare Corp.	340,278
Johnson & Johnson Medical	248,738
Johnson Controls Ltd. #C3039	149,821
Johnson, Kathy	50,794
Jump.ca	122,742
Kruger, Dr. Johan	83,152
Leeuw, Dr. Gary	76,358
Linvatec Canada	79,378
London Life	65,337
Louw, Dr. Alexander Francois	51,775
Luhning, Dr. Allan	94,020
Maree, Dr. Narinda Medical Prof.	273,064
Marsh Canada Limited	138,235
Marx Medical Prof. Corp.	72,038
McDougall Gauley LLP	84,203
Mckesson Canada	351,940
Minister Of Finance	692,457
Moose Jaw & Distnct EMS	115,882
Moose Jaw Heating & Plumbing	50,199
Moose Jaw YMCA - YWCA	107,832
Oyenubi, Dr. Abimbola	262,337
Pansegrouw, Dr. Sandra	261,445
Philips Electronics Ltd.	340,585
Prairie Janitorial Supply	62,883
Public Employees Pension Plan	219,248
Ramadan, Dr. Fauzi Medical Prof.	114,537
Receiver General For Canada	20,400,855
Retief, Dr. Leon	338,570
Ross, Dr. Pieter	51,050
SAHO	318,225
SAHO Dental Plan	759,491
SAHO DIP	1,513,403
SAHO Extended Health & Dental	1,760,636
Sanderson, Dr. Brian J.	95,253
Saputo Foods Limited	147,949
Sask Energy	915,721
Sask Power	990,709
Sask Registered Nurses Association	156,594
Sask Tel CMR	208,599
Sask Tel Mobility	81,462
Sask Workers Compensation Board	1,290,378
Saskworks Venture Fund Inc.	53,083
Schaan Healthcare Products Inc.	886,037
Security Patrol & Investigators	70,447
SEIU Local 299 MJ	565,925
SHEPP	7,174,869
Shopper's Home Healthcare	188,954
Sibley & Associates Inc.	100,541
Source Medical	286,683
St Joseph's Hospital Gravelbourg	130,988
Stens Canada Inc.	68,646
Stevens Company Limited	225,922
Stryker Canada Inc.	53,639
SUN Provincial	336,726
Sunspun Food Service	599,468
Supreme Office Products Ltd.	252,169
Sysco Food Services	565,546
Thorpe, Dr. R. Brandon	67,661
Thunder Creek Rehab Assoc. Inc.	198,781
Toshiba Business Solutions	61,398
Tshiyombo, Dr. Tshala Medical Corp	88,896
Tyco Healthcare Group Canada	338,716
Valley View Centre	1,012,240
Van Der Merwe, Dr. Ivann	176,159
Van Der Merwe, Dr. Schalk	236,710
Van Vuuren, Dr. Herman	50,455
Van Wyk, Dr. Gerrit Prof Corp.	476,491
Vanheerden Kruger, Dr. Johan	109,651
Vertue, Dr. Peter-John	63,975
Vitalaire	56,751
Wasserman, Dr. Lukas	102,132
Yeboah, Dr. Emmanual K.	99,525
Zimmer Canada	195,952
Supplier Payments under $50,000	7,114,796
Total Supplier Payments	$ 62,736,195

Management Report

June 24, 2009

FIVE HILLS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Original signed by

Cheryl Craig, BSN
Chief Executive Officer

Original signed by

Wayne Blazieko, CMA, MSA, B.Admin
Executive Director, Finance
Chief Financial Officer

2008-09 Financial Report

Canadian Generally Accepted Auditing Standards require the auditor appointed by the RHA review the annual report prior to release. The auditor's review is to ensure the financial statements and auditor's reports are adequately reproduced, and to ensure any other information presented within the report is consistent with the financial statements. Once the auditor has reviewed the annual report and determined it is accurate, they will provide the RHA with permission to include their signature in the annual report.

FIVE HILLS REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

For the Year Ended March 31, 2009

VIRTUS GROUP

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Five Hills Regional Health Authority

We have audited the statement of financial position of the Five Hills Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances and cash flow for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Virtus Group LLP

Regina, Saskatchewan
May 12, 2009

CHARTERED ACCOUNTANTS

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Toll Free 1-888-258-7677
Email virtus.regina@virtusgroup.ca

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2009

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2009	Total 2008 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 15,122,966	$ 20,736,888	$ 228,737	$ 36,088,591	$ 23,892,626
Accounts receivable					
Saskatchewan Health - General Revenue Fund	322,686	-	-	322,686	290,846
Other	835,627	37,701	23,140	896,468	984,088
Inventory	863,368	-	-	863,368	856,616
Prepaid expenses	1,123,606	-	-	1,123,606	1,047,896
	18,268,253	20,774,589	251,877	39,294,719	27,072,072
Investments (Market $1,688,097; 2008 - $1,508,437)	78,795	706,561	774,214	1,559,570	1,392,521
Capital assets (Note 3)	-	16,936,452	-	16,936,452	18,274,565
Total Assets	$ 18,347,048	$ 38,417,602	$ 1,026,091	$ 57,790,741	$ 46,739,158
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,855,495	$ 11,839	$ -	$ 3,867,334	$ 3,733,997
Accrued salaries	2,860,593	-	-	2,860,593	2,494,776
Vacation payable	5,420,857	-	-	5,420,857	4,889,159
Mortgages payable – Current (Note 5)	-	112,190	-	112,190	108,593
Deferred Revenue (Note 6)	4,982,201	-	-	4,982,201	3,806,381
	17,119,146	124,029	-	17,243,175	15,032,906
Long Term Liabilites					
Long Term Leases Payable	-	-	-	-	-
Mortgages payable (Note 5)	-	1,904,593	-	1,904,593	2,014,166
Total Liabilities	17,119,146	2,028,622	-	19,147,768	17,047,072
Fund Balances					
Invested in capital assets	-	14,919,669	-	14,919,669	16,151,806
Externally restricted (Schedule 3)	-	-	1,026,091	1,026,091	1,076,981
Internally restricted (Schedule 4)	-	784,447	-	784,447	748,191
Unrestricted	1,227,902	20,684,864	-	21,912,766	11,715,108
Fund balances – (Statement 2)	1,227,902	36,388,980	1,026,091	38,642,973	29,692,086
Total Liabilities & Fund Balances	$ 18,347,048	$ 38,417,602	$ 1,026,091	$ 57,790,741	$ 46,739,158

Commitments (Note 4)
Mortgages (Note 5)
Pension Plan (Note 11)
Asset Retirement Obligations (Note 4)

Approved by the board of directors:

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The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2009

	Operating Fund			Restricted			
	Budget 2009	2009	2008 (Note 10)	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008 (Note 10)
REVENUES							
Saskatchewan Health - General	$ 104,613,660	$ 109,578,453	$ 101,542,741	$ 9,996,226	$ -	$ 9,996,226	$ 2,574,555
Other Provincial	286,415	490,885	343,658	45,471	-	45,471	61,290
Federal Government	82,800	151,266	95,700	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	862,101	909,332	767,364	-	-	-	-
Patient Fees	3,356,400	3,535,588	3,422,234	-	-	-	-
Out of Province (Reciprocal)	581,800	782,407	735,768	-	-	-	-
Out of Country	52,400	86,475	61,902	-	-	-	-
Donations	6,300	53,722	38,444	697,897	-	697,897	592,563
Investment	408,700	427,596	684,641	326,150	43,428	369,578	406,450
Ancillary	143,300	143,619	146,357	20,600	-	20,600	20,600
Recoveries	1,374,060	1,896,630	1,747,737	-	-	-	-
Other	13,850	21,057	18,977	27,197	-	27,197	122,843
	111,781,786	118,077,030	109,605,523	11,113,541	43,428	11,156,969	3,778,301
EXPENSES							
Province Wide Acute Care Services	1,581,739	1,478,857	1,399,280	284,575	-	284,575	4,500
Acute Care Services	38,705,101	40,656,668	38,105,768	2,498,802	2,641	2,501,443	2,806,286
Physician Compensation - Acute	6,630,795	6,548,051	5,590,668	-	-	-	-
Supportive Care Services	34,087,449	35,185,221	33,542,487	1,383,339	-	1,383,339	1,312,957
Home Based Service - Supportive Care	5,615,431	5,930,967	5,976,953	9,980	1,346	11,326	69,854
Population Health Services	3,317,669	3,358,339	3,095,333	20,573	-	20,573	22,329
Community Care Services	5,842,760	5,810,906	5,239,925	-	-	-	-
Home Based Services - Acute & Palliative	1,079,177	1,244,642	1,112,388	-	87,206	87,206	-
Primary Health Care Services	1,527,208	1,602,751	1,361,957	85,957	-	85,957	19,779
Emergency Response Services	2,570,052	2,653,234	2,426,646	3,011	-	3,011	1,270
Mental Health Services - Inpatient	2,108,819	2,506,249	2,259,388	5,392	-	5,392	-
Addictions Services - Residential	836,491	883,477	831,244	-	-	-	-
Physician Compensation - Community	1,859,606	2,177,889	1,669,948	-	-	-	-
Program Support Services	4,964,015	4,693,516	4,298,267	73,672	3,125	76,797	-
Special Funded Programs	892,544	928,683	789,968	-	-	-	-
Ancillary	162,855	156,909	150,510	7,134	-	7,134	-
Total Expenses (Schedule 1)	111,781,711	115,816,359	107,850,730	4,372,435	94,318	4,466,753	4,236,975
Excess (Deficiency) of revenues over expenses	$ 75	2,260,671	1,754,793	6,741,106	(50,890)	6,690,216	(458,674)
Fund Balances, beginning of year		1,227,902	1,227,902	27,387,203	1,076,981	28,464,184	27,168,065
Interfund transfers (Note 14)		(2,260,671)	(1,754,793)	2,260,671	-	2,260,671	1,754,793
Fund balances, end of year		$ 1,227,902	$ 1,227,902	$ 36,388,980	$ 1,026,091	$ 37,415,071	$ 28,464,184

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2009

	Operating Fund		Restricted Fund			
	2009	2008 (Note 10)	Capital Fund	Community Trust Fund	Total 2009	Total 2008 (Note 10)
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	$ 2,260,670	$ 1,754,793	$ 6,741,106	$ (50,890)	$ 6,690,216	$ (458,674)
Net change in non-cash working capital (Note 7)	2,166,395	1,467,591	14,231	(635)	13,596	(20,722)
Amortization of capital assets	-	-	3,978,043	-	3,978,043	3,785,912
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	4,427,065	3,222,384	10,733,380	(51,525)	10,681,855	3,306,516
Purchase of capital assets						
Buildings/construction	-	-	(435,452)	-	(435,452)	(112,856)
Equipment	-	-	(2,204,480)	-	(2,204,480)	(1,171,212)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	(7,896)	8,225	(247,227)	88,075	(159,152)	144,445
	(7,896)	8,225	(2,887,159)	88,075	(2,799,084)	(1,139,623)
Repayment of debt	-	-	(105,976)	-	(105,976)	(100,139)
Net increase in cash & short term investments during the year	4,419,169	3,230,609	7,740,246	36,550	7,776,796	2,066,754
Cash & short term investments, beginning of year	12,964,468	11,488,652	10,735,971	192,187	10,928,158	7,106,611
Interfund transfers (Note 14)	(2,260,671)	(1,754,793)	2,260,671	-	2,260,671	1,754,793
Cash & short term investments, end of year (Schedule 2)	**$ 15,122,966**	**$ 12,964,468**	**$ 20,736,888**	**$ 228,737**	**$ 20,965,625**	**$ 10,928,158**
Amounts in cash balances						
Cash & short term investments	**$ 15,122,966**	**$ 12,964,468**	**$ 20,736,888**	**$ 228,737**	**$ 20,965,625**	**$ 10,928,158**

The accompanying notes and schedules are part of these financial statements.

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following Health Care Organizations and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Wald Ambulance Ltd.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The RHA has classified its financial instruments as one of the following categories: held-to-maturity, held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-to-maturity. Transaction costs related to held-to-maturity financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA mitigates risk associated with these financial instruments by purchasing relatively short term low risk investments and classifying those investments as held-to-maturity.

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i. Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 266,556	$ -	$ 266,556	$ 266,556
Land Improvements	465,084	368,224	96,860	70,037
Buildings	40,177,681	28,523,025	11,654,656	13,101,448
Equipment	27,456,300	22,561,485	4,894,815	4,795,476
Construction in progress	23,565		23,565	41,048
	$ 68,389,186	$ 51,452,734	$ 16,936,452	$ 18,274,565

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2009, commitments for acquisition of capital assets were $1,935,974 (2008 - $771,359).

b) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2009	2008
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date – November 1, 2016	$143,794	$158,598
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date – July 1, 2019	53,593	57,061
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	791,453	805,089
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016	833,373	895,448
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024	58,256	60,095
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018	136,314	146,468
			$2,016,783	$2,122,759
Less: Current portion			112,190	108,593
			$1,904,593	$2,014,166

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2010	$ 112,190
2011	118,813
2012	125,873
2013	133,404
2014	141,442
2015 and subsequent	1,385,061

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	123,057	1,613,180	1,797,258	307,135
Work Place Wellness	301,864	224,742	103,116	180,238
Successful Moms	66,369	66,369	-	-
Family Support and Rehab	71,457	-	-	71,457
Surgical Access	47,464	-	-	47,464
CT Evaluation	16,110	-	-	16,110
Diabetes Control	4,586	52,086	47,500	-
Nursing Council	32,071	176	-	31,895
Alt Physician Pymt C Butte	41,584	597,909	595,610	39,285
Alt Phys Pymt Teen Wellness	460	3,794	3,334	-
Alt Phys Pymt Obstetrician	85,000	-	(85,000)	-
Substance Abuse Youth Needs	5,250	-	-	5,250
Professn'l Development Fund	69,373	66,104	14,966	18,235
Workforce Retention - Cognitive Behavior Therapy	31,317	106,440	82,208	7,085
Workforce Retention - Nurse Coordinator/Educator	75,000	37,500	-	37,500
Workforce Retention - Dementia Care Training	46,000	31,306	-	14,694
Needle Exchange	28,142	19,769	48,000	56,373
Undesig Medical Remuneration	186,205	-	-	186,205
Primary Health Care Team Facilitator	24,125	100,006	78,600	2,719
Primary Health Care Central Butte Site	454,368	316,027	134,816	273,157
Primary Health Care Assiniboia Kincaid	40,914	256,064	215,150	-
Renal Dialysis Project	86,859	-	-	86,859
Smoke Free Legislation	12,108	-	-	12,108
HIPA Implementation	10,070	982	-	9,088
Aboriginal Awareness Training	10,086	10,956	13,950	13,080
SIMS/PHIS	10,403	-	-	10,403
Project Hope Cross Training	41,868	57,778	50,000	34,090
Project Hope	49,545	73,571	80,000	55,974
Project Hope Community Supports	112,770	248,638	259,000	123,132
Dental Sealant Program	54,016	14,419	-	39,597
Joint Replacement Surgery - Hip Knee Pathway	70,722	99,077	421,000	392,645
Safestart Program Quality Workplace	22,026	39,670	50,610	32,966
Nursing Education/Professional Development RN/RPM	35,557	-	16,258	51,815
Nursing Education/Professional Development LPN	-	12,455	27,350	14,895
Nurse Mentorship Initiative	54,000	98,665	200,600	155,935
Safety Training Initiatives (OH&S)	47,663	-	83,700	131,363
Train the Trainer Workshop Development Assets	30,000	30,000	-	-
Project Hope Secure Youth Detox	77,031	77,822	101,110	100,319
Public Health Capacity	125,840	-	35,500	161,340
West Nile Virus	2,484	-	-	2,484
Prevention & Support	4,500	4,500	-	-
CTAS	12,116	-	-	12,116
Infection Control	262,045	104,177	-	157,868
MDS Home Care	73,580	-	-	73,580

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Surgical Waitlist Incentive	181,045	45,477	-	135,568
Autism Services	-	10,088	150,000	139,912
Physician Funding Kincaid	-	42,279	73,528	31,249
Renal Dialysis funding 0809	-	-	274,945	274,945
Integration Training MHAS	-	-	25,000	25,000
New Graduatuate Mentorship	-	50,716	278,600	227,884
Telehealth Expansion Gravelbourg	-	-	33,528	33,528
PT & OT Professional Development	-	7,869	8,749	880
Autism Summer Respite	-	10,600	10,600	-
Clinical Conference Mental Health	-	-	10,000	10,000
Total Sask Health	**$ 3,137,050**	**$ 4,531,211**	**$ 5,239,586**	**$ 3,845,425**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 169,992	$ 678,358	$ 601,897	$ 93,531
Sask Learning - General Revenue Fund - Kids First Non Targeted	-	69,600	69,600	-
Sask Social Services - General Revenue Fund - Housing Advance	1,940	-	-	1,940
Other - Special Needs	181,412	241,205	377,251	317,458
Other - SGI Acquired Brain Injury Prov Coord Adv	22,107	88,428	89,313	22,992
Other - SGI Acquired Brain Injury Comm Coord Adv	18,928	75,712	76,469	19,685
Other - SGI Acquired Brain Injury Comm Coord	10,719	-	7,821	18,540
Other - SGI Community Grants Sunningdale Bike Lane	15,196	15,196	-	-
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	18,581	-	13,239	31,820
Other - MJ Health Foundation	20,072	-	-	20,072
Other - Assiniboia Union Hospital	25,000	-	20,997	45,997
Other - Central Butte Regency Hospital	29,949	-	125,000	154,949
Other - Craik Health Centre	51,665	-	6,813	58,478
Other - Home Care Palliative	20,335	1,662	-	18,673
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	2,992	2,385	-	607
Other - Schools Social Work Program	3,850	3,850	-	-
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	-	-	224,925	224,925
Other - Safe Community Assiniboia	-	7,659	15,000	7,341
Other - School Team Social Worker	-	48,750	65,000	16,250
Other - Community Youth Program	-	15,000	20,000	5,000
Other - HQC Pursuing Excellence	-	9,861	9,861	-
Other - miscellaneous	9,657	75	2,000	11,582
Total Non Sask Health	**$ 669,331**	**$ 1,257,741**	**$ 1,725,186**	**$ 1,136,776**
Total Deferred Revenue	**$ 3,806,381**	**$ 5,788,952**	**$ 6,964,772**	**$ 4,982,201**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
(Increase) Decrease in accounts receivable	$ 41,701	$ 73,075	$ 14,714	$ (635)	$ 14,079	$ (20,251)
(Increase) in inventory	(6,752)	(45,698)			-	
(Increase) Decrease in prepaid expenses	(75,710)	58,490			-	
Increase (Decrease) in accounts payable	133,820	(280,676)	(483)		(483)	(471)
Increase in accrued salaries	365,817	592,680			-	
Increase in vacation payable	531,698	83,856			-	
Increase in deferred revenue	1,175,821	985,864			-	
	$ 2,166,395	$ 1,467,591	$ 14,231	$ (635)	$ 13,596	$ (20,722)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009 is $6,161 (2008 - $4,020) and are included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2009	2008
Revenues		
Workers Compensation	$ 337,981	$ 199,360
	$ 337,981	$ 199,360

	2009	2008
Expenses		
Saskatchewan Association of Health Organizations	$ 2,980,089	$ 2,734,505
Saskatchewan Health Employees Pension Plan	3,114,686	2,938,931
Saskatchewan Energy	769,047	527,826
Saskatchewan Power	709,184	708,213
Saskatchewan Property Management	424,431	432,879
Sask Tel	244,258	247,658
Valleyview	680,836	664,097
Workers Compensation	1,023,361	1,046,108
	$ 9,945,892	$ 9,300,217
Prepaid Expenditures		
Workers Compensation	$ 267,414	$ 247,478
Saskatchewan Association of Health Organizations	118,710	115,250
	$ 386,124	$ 362,728
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 197,205	$ 252,129
Saskatchewan Health Employees Pension Plan	-	759,674
	$ 197,205	$ 1,011,803

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2009	2008
Extendicare (Canada) Inc	$ 5,507,672	$ 5,349,983
Moose Jaw Alcohol and Drug Abuse Society Inc	967,931	913,924
Canadian Mental Health Association	11,651	10,929
Thunder Creek Rehabilitation Association Inc	527,046	481,687
Lifeline Ambulance Service Inc	1,441,194	1,313,219
Wald Ambulance Ltd	301,876	501,154
Hutch Ambulance Service Inc	232,669	-
	$ 8,990,039	$ 8,570,896

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2009	2008
Providence Place for Holistic Health Inc.	$ 11,601,957	$ 10,959,298
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	4,338,698	3,995,960
St. Joseph's Hospital (Grey Nuns) of Gravelbourg–Ambulance Service	238,782	219,065
	$ 16,179,437	$ 15,174,323

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2009 and 2008.

	Total 2009	Total 2008
Balance Sheet		
Assets	$4,016,021	$3,823,279
Net Capital Assets	25,076,696	26,146,065
Total Assets	$29,092,717	$29,969,344
Total Liabilities	$4,307,917	$4,007,040
Total Net Assets	24,784,800	25,962,304
	$29,092,717	$29,969,344

	Total 2009	Total 2008
Results of Operations		
RHA Grant	$16,172,215	$15,069,989
Other Revenue	4,261,853	4,062,957
Total Revenue	$20,434,068	$19,132,946
Salaries & Benefits	$15,956,240	$15,190,519
Other Expenses*	5,272,698	5,000,230
Total Expenses	$21,228,938	$20,190,749
Excess Revenue over Expenses	($794,870)	($1,057,803)

* Other Expenses includes amortization of $1,127,603 (2008-$1,129,469)

	Total 2009	Total 2008
Cash Flows		
Cash from Operations	($77,191)	$128,855
Cash used in financing activities	111,877	26,439
Cash used in Investing activities	(111,803)	(26,346)
Increase in cash	($77,117)	$128,948

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In 2009 and in accordance with donor-imposed restrictions, $748,966 (2008 - $588,041) of the foundation's net assets must be used to purchase specialized equipment. In 2008, the foundation's total expenses include contributions of $503,150 (2007 - $479,411) to the RHA/community.

10. Comparative Information

Certain 2007-08 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $3,268,572 (2008 - $3,099,503) and is included in benefits in Schedule 1.

	2009					2008
	SHEPP[1]	PSSP	PEPP	MEPP	Total	Total
Number of active members	1,126	2	28	1	1,157	1,145
Member contribution rate, percentage of salary	5.85-7.35%*	7.00-9.00%*	5.00-7.00%*	5.40-5.40%*		
RHA contribution rate, percentage of salary	6.552-8.232%*	25.48-32.76%*	6.00-7.00%*	5.40-5.40%*		
Member contributions (thousands of dollars)	2,781	9	107	4	2,901	2,734
RHA contributions (thousands of dollars)	3,126	32	107	4	3,269	3,100

* Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

12. Budget

The RHA Board approved the 2008-2009 budget plan on May 28, 2008.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHAs receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is based on quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $2,034,439 (2008 - $2,117,137) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (2,222,732)	$ 2,222,732	$ -	$ (1,696,444)	$ 1,696,444	$ -
SHC reserves	(37,939)	37,939	-	(58,349)	58,349	-
	$ (2,260,671)	$ 2,260,671	$ -	$ (1,754,793)	$ 1,754,793	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008
Operating:			
Board costs	$ 117,224	$ 97,432	$ 79,385
Compensation - Benefits	9,511,329	9,813,466	9,408,737
Compensation - Salaries	51,744,826	55,303,085	51,738,503
Diagnostic imaging supplies	352,395	304,493	286,382
Drugs	1,583,364	1,291,334	1,404,138
Food	1,112,208	1,131,388	1,052,673
Grants to ambulance services	2,163,581	2,256,026	2,075,053
Grants to third parties	21,630,197	22,497,222	21,386,615
Housekeeping and laundry supplies	496,475	485,356	452,957
Information technology contracts	285,860	283,041	207,653
Insurance	253,559	238,482	209,458
Interest	2,976	856	916
Laboratory supplies	1,090,046	984,668	915,579
Medical and surgical supplies	2,171,385	1,704,481	1,812,150
Medical remuneration and benefits	8,391,694	8,703,318	7,273,464
Office supplies and other office costs	465,512	404,730	372,786
Other	1,290,703	1,214,429	951,971
Other referred out services	1,827,609	1,865,751	1,628,602
Professional fees	577,398	646,929	569,321
Prosthetics	648,520	667,514	595,897
Purchased services	752,886	571,686	600,004
Rent/lease costs	1,083,226	1,272,361	1,095,975
Repairs and maintenance	760,294	635,889	640,092
Service contracts	728,401	694,708	673,860
Travel	1,081,439	1,075,524	879,431
Utilities	1,658,603	1,672,190	1,539,128
	$ 111,781,710	$ 115,816,359	$ 107,850,730
Restricted:			
Amortization		$ 3,978,043	$ 3,785,912
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest		144,017	149,865
Other		344,693	301,198
		$ 4,466,753	$ 4,236,975

Schedule 2

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2009

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 20,794,325			
Dundee Investment Savings	36,375			
RBC Dominion Securities	957			
	$ 20,831,657			
Bond/Mutual Fund:				
Province of Quebec	$ 133,968	6/1/2009	3.93%	3.93%
Total Cash & Short Term Investments	$ 20,965,625			
Long Term				
Province of Saskatchewan	$ 115,100	7/15/2010	4.00%	4.00%
Bank of Nova Scotia GIC	89,338	3/27/2011	4.10%	4.10%
Royal Bank CPI Notes	520,000	12/5/2012	US CPI + .64%	
ICICI Bank GIC	87,390	6/4/2013	4.68%	4.68%
Province of British Columbia	357,839	8/23/2013	8.50%	6.81%
Province of British Columbia	62,401	8/23/2013	3.90%	3.90%
TD Mortgage GIC	107,250	3/6/2014	3.75%	3.75%
TD Pacific Mortgage GIC	98,480	3/6/2014	3.75%	3.75%
Ontario Hydro	42,977	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 1,480,775			
Total Restricted Investments	$ 22,446,400			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 15,102,372			
Royal Bank	811			
Dundee Investment Savings	2,638			
Cash on hand	8,246			
	$ 15,114,067			
Bond/Mutual Fund:				
Province of Nova Scotia	$ 8,899	6/1/2009	3.80%	3.80%
Total Cash & Short Term Investments	$ 15,122,966			
Long Term				
Province of Saskatchewan	$ 62,000	7/15/2010	4.00%	4.00%
ICICI Bank GIC	16,795	6/4/2013	4.68%	4.68%
Total Long Term Investments	$ 78,795			
Total Unrestricted Investments	$ 15,201,761			
Total Investments	**$ 37,648,161**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 36,088,591			
Total Long Term	$ 1,559,570			
Total Investments	$ 37,648,161			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3), and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4)

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 68,875	$ 1,671	$ -	$ (5,766)	$ -	$ 64,780
Moose Jaw Union Hospital - Elsom/Mutrie	13,659	361	-	-	-	14,020
Craik Health Centre	125,367	3,038	-	-	-	128,405
Thunder Creek Home Care	868,116	38,335	-	(88,552)	-	817,899
South Country	964	23	-	-	-	987
Total Community Trust Fund	**$ 1,076,981**	**$ 43,428**	**$ -**	**$ (94,318)**	**$ -**	**$ 1,026,091**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2009

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 222,494	$ 5,700	$ 23,866	$ -	$ (20,383)	$ 231,677
Pioneer Housing - Lodge (Moose Jaw)	165,193	4,200	14,833	(15,911)	-	168,315
Pioneer Housing - Units (Moose Jaw)	200,590	5,200	12,000	(4,499)	-	213,291
Regency Manor	136,030	3,600	7,650	-	-	147,280
Total SHC	724,307	18,700	58,349	(20,410)	(20,383)	760,563
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,884	-	-	-	-	23,884
Total Capital	$ 748,191	$ 18,700	$ 58,349	$ (20,410)	$ (20,383)	$ 784,447
Total Internally Restricted Funds	$ 748,191	$ 18,700	$ 58,349	$ (20,410)	$ (20,383)	$ 784,447

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2009

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 Total	2008 Total
Velma Geddes [1]	1660	2,344	289	453	425	184	5,353	-
Dale Toni [3]	8,300	6,605		492	271	622	16,291	16,520
							-	-
Alvin Arnold [3]		3,600	900	1,658	563	-	6,720	9,111
Grant Berger [1]		1,250	300	429	400	48	2,427	-
John Bumbac [3]		4,575	1,574	2,642	531	-	9,322	11,658
Marian Campbell [3]		4,025	300	596	210	113	5,244	6,506
Elizabeth Collicott [1]		1,050	100	252	400	-	1,802	-
Clark Coulson [1]		1,250	79	440	-	39	1,807	-
Shayne Cristo [3]		2,238	888	1,293	210	57	4,685	5,189
Jo-anne Dusel [3]		3,888	233	616	-	109	4,846	6,466
David Foley [3]		3,900	(100)	323	1,698	82	5,904	2,644
Leslie Gray [3]		4,438	55	366	1,224	-	6,083	6,837
Kenneth Hawkes [1]		1,300	125	478	400	42	2,344	-
Alvin, Klassen [1]		1,375	375	771	400	-	2,921	-
Tracey Kuffner [1]		1,200	600	1,294	-	60	3,154	-
Betty Michalski [3]		-	-	-	-	-	-	3,105
Elaine Mulatz [3]		2,800	-	-	-	42	2,842	3,770
Janeth Muldoon [3]		4,413	1,350	1,824	1,597	180	9,363	9,312
Cecilia Mulhern [1]		1,250	600	842	400	63	3,155	-
Christine Racic [1]		1,425	100	446	400	47	2,418	-
George Reaves [1]		1,250	525	268	1,094	59	3,196	-
Jeffrey Reihl [1]		1,250	100	456	-	28	1,834	-
Donald Shanner [2]		5,775	325	1,117	210	169	7,596	5,443
							-	-
TOTAL	9,960	61,199	8,717	17,056	10,433	1,943	109,308	86,560

(1) appointed Feb 5, 2009

(2) returning health authority member and re-appointed Feb 5, 2009

(3) resigned with the appointment of the new health authority Feb 5, 2009

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2009

	2009					2008		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Dan Florizone, CEO	$ 72,053	$ 2,605	$ 74,658	$ -	$ 74,658	$ 197,563	$ -	$ 197,563
Cheryl Craig, interim CEO[3]	106,560	-	106,560	-	106,560	-	-	-
Craig Beesley, Exec Dir	119,508	-	119,508	-	119,508	113,830	-	113,830
Cheryl Craig, Exec Dir	47,244	-	47,244	-	47,244	134,255	-	134,255
Nola Ayers, Exec Dir	122,662	-	122,662	-	122,662	121,767	-	121,767
Amanda Zarubin, interim Exec Dir[4]	40,916	-	40,916	-	40,916	-	-	-
Wayne Blazecko, Exec Dir & CFO	145,389	-	145,389	-	145,389	145,870	-	145,870
Dr. Mark Voight, MHO	215,680	-	215,680	-	215,680	205,277	-	205,277
Terry Hutchinson, Exec Dir	121,234	-	121,234	-	121,234	112,729	-	112,729
Dianne Ferguson, Exec Dir	105,361	-	105,361	-	105,361	102,317	-	102,317
Dr. Tyrone Jindal, Medical Director	22,127	-	22,127	-	22,127	114,391	-	114,391
Dr. Ramadan, interim Med Director[5]	74,839	-	74,839	-	74,839	-	-	-
John Ligson, Exec Dir	121,304	-	121,304	-	121,304	109,731	-	109,731
Laurie Albinet - interim Exec Dir[6]	67,774	-	67,774	-	67,774	-	-	-
Gilbert Linklater, Exec Dir	132,460	-	132,460	-	132,460	122,226	-	122,226
	-	-	-	-	-	-	-	-
Total	$ 1,515,109	$ 2,605	$ 1,517,714	$ -	$ 1,517,714	$ 1,479,956	$ -	$ 1,479,956

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Cheryl Craig - interim Chief Executive Officer Aug 1, 2008

4. Amanda Zarubin - interim Human Resources Executive Director July 23, 2008 to Jan 1, 2009

5. Dr. Fauzi Ramadan - interim Medical Director Aug 17, 2008

6. Laurie Albinet - interim Clinical Services Executive Director Aug 1, 2008